



ENGRAVED BY T. E. WENTZ, PHILADA

Respectfully Yours  
W Bodewhauer

PRACTICAL OBSERVATIONS

ON SOME OF THE DISEASES OF

# THE RECTUM, ANUS,

AND

CONTIGUOUS TEXTURES;

GIVING

THEIR NATURE, SEAT, CAUSES, SYMPTOMS, CONSEQUENCES,  
AND PREVENTION:

ESPECIALLY ADDRESSED TO THE NON-MEDICAL READER.

BY W. BODENHAMER, M. D.

"To preserve health is a moral and religious duty; for health is the basis of all social virtues: we can be useful no longer than while we are well"—DR. JOHNSON.

SECOND EDITION.

ILLUSTRATED BY PLATES, AND EXEMPLIFIED BY NUMEROUS CASES.

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## PREFACE TO THE FIRST EDITION.

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THE object of the present work is simply to call the attention of the non-medical reader to a class of diseases of most frequent occurrence, and which, as a general rule, are but very imperfectly understood by him; diseases too, to which he is daily liable, or from some one of which he is already suffering. This work will point out in a concise, plain and familiar manner the exact location of each disease; its nature, its principal causes, its most prominent symptoms, the evil consequences of procrastinating its proper or judicious treatment, as well as the numerous, inefficacious and often extremely dangerous, painful and cruel methods which are at the present day advocated and adopted for its relief. This information will enable the general reader to avoid the *causes* of those diseases, and thus to remain free from their annoyance; and it will also enable him, should he be so unfortunate as to be afflicted with any of them, to guard against the vile practices of the ignorant and presumptuous empiric, as well as, to shun the unnecessary, the cruel and dangerous operations of the *scientific* surgeon, commonly so called; but often in reality, nothing more than the *mere* operator.

The many works already written upon this subject, are by

no means suitable for the especial and beneficial study of the unfortunate sufferer himself. These works were especially written for the profession, are very diffuse and abound in technicalities, all of which is highly important and very interesting to the accomplished surgeon, but afford but very little practical information to the general reader. Indeed they are almost entirely destitute of that essential and practical knowledge which those require who are anxious to avoid the causes of those diseases, as well as those whose health and happiness have been more or less sacrificed to the ravages of them. Such is now the rapid diffusion of knowledge of every kind, both scientific and general, among all classes of persons, that but few can be found who would not be desirous to read something which they could at once understand and appreciate, in relation to this important subject.

For omitting the treatment of those diseases in the present work, some may be disposed to censure the author; but he would remark that he is decidedly opposed to "*publishing cures for the multitude*." Too many works of this class are already in existence, for the good of the community at large. The instruction they need, is how to preserve their health. Books giving such instruction, are real acquisitions. When, however, they do become sick, it is then the especial and exclusive province of the physician to restore them to health. The object of the work has already been stated: it is, simply to instruct in the first place all who are willing to be instructed, how they may prevent those affections. This is of the greatest importance; for the reader should never forget that it is much easier to prevent disease than to cure it;

that “*an ounce of preventive is worth more than a pound of cure.*” The prevention of disease should, therefore, be the first consideration of the community at large; for no individual, however uninformed he may be, but can by proper instruction be taught with certainty how to anticipate and prevent disease

The author would again remark that another reason for not giving the treatment of those diseases in this work, is that they are difficult to treat under the most favorable circumstances, and he presumes, therefore, that none would desire or attempt to treat them, who do not possess the indispensable pre-requisite, a complete knowledge of their pathology, as well as a complete knowledge of the anatomy and physiology of the parts concerned. Without this, none can treat them with discrimination and success, and this kind of knowledge is not to be obtained from books alone; it is by minute dissections of the parts, and by attending patients suffering from those maladies, that the surgeon can ever acquire that quickness, that peculiar tact, and that experience which alone can render him able and skillful in their treatment.

The late and lamented Doctor James Johnson, of London, in his valuable treatise on Derangements of the Liver, makes the following very just and pertinent remarks on this subject:—“These are,” says he, “the glorious fruits of that wide system of *charlatanism* which pervades these islands, and which must prove as strong ‘*a preventive check*’ to population as the statistical philosopher can desire! It is on this account, I have been solicitous to portray the *causes* of dis-

ease as *beacons* to general readers ; but to attempt to teach them how to use the remedies, when they are actually overtaken with illness, would be to furnish them with the letters of BELLEROPHON, for their own destruction ! ”

“Some good and much harm are every day done by the *family medicine chest*, and *patent medicine warehouse*. If the experienced physician is often at a loss what to prescribe, and frequently finds it most prudent to prescribe nothing at all, what infinite mischief must be hourly produced by the patient, and the still more ignorant *quack*, pouring drugs of which they know little, into a body of which they know less ! The dictionaries of *popular* medicine, and gazettes of health slay annually their thousands ; not *directly*, by the actual injury of the remedies which they congregate without knowledge or discrimination, but *eventually*, by procrastinating the interference of the regular practitioner till the period of cure is past, or until the disease has taken that hold on the constitution or part, which will baffle all future remedial means.”

The following medico-legal opinion on this subject, may be in place here :—

A person once observed to an eminent lawyer, that “*Buchan’s Domestic Medicine*” was a good book, because it qualifies every man to be his own physician. How far that may be the case, observed the man of law, I will not presume to determine ; but I may be allowed to speak decidedly as to my own profession, and so I hesitate not to pronounce, that every man who is his own lawyer, has a fool for a client.

The author has addressed this small work in an especial manner to the general reader, rather than to the profession,



for the reason that medical men generally, can scarcely ever be induced to examine, adopt or introduce any practice which in the least conflicts with their own, unless the public are in the first place impressed with the importance of it. As soon as the public understand the subject well, and appreciate the importance of it, then and not till then, will the profession wheel into rank. Hence it is the policy of the author to address the public first, and afterwards the profession.

Such a work as is here attempted, the author is well convinced, from extensive observation, to be very much needed by the general reader. Whether this will therefore, completely supply the desideratum, will be for those to determine for whom it was written.

It may not be improper here also to remark, that it is the design of the author, at no distant day, to present also to the profession a complete practical work on the diseases of the Anus and Rectum, which will contain all that relates to the subject, from the earliest ages, down to the present period, together with the results of his own experience. The work to be illustrated by numerous colored plates, and exemplified by a very large number of cases.

Were the author disposed to make an apology for the many imperfections of this little work, he would remark that it was written at intervals, "*snatched*" from professional engagements, during the months of July and August.

LOUISVILLE, September 30th, 1846.

## PREFACE TO THE SECOND EDITION.

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THE first edition of this work was issued from the press seven years ago, and the author does not now deem it necessary to trouble the reader with many prefatory remarks. The work has neither sought nor obtained any other patronage than the approbation of those to whom it was addressed. This it has obtained. The present edition is much improved in many respects, the addition of the plates not being among the least of its improvements.

In consequence of the author having devoted his special attention to the medical and surgical treatment of the diseases named in this work, he has been subjected to much unjust and unmerited abuse from many of the profession. It appears, in this country, that whenever a surgeon or physician, without any regard whatever to his surgical or medical ability, acquirements or standing, commences to practice any speciality, he is at once denounced by his brethren as a *quack*, an *empiric*, a *mere specialist*, &c. Now, such a course of opposition, to say the least of it, is very illiberal, very unjust, very unkind; but it doubtless has arisen mainly from the fact that so many are practicing specialities, in the United States, who are entirely destitute of any medical



education ; or, indeed, education of any kind. In Europe, some of the most eminent of the profession are engaged in the practice of specialities, and they are universally considered superior in their profession. The truth is, that the most important, and the most valuable results have been effected by such concentration of thought, of purpose and of practice upon one particular point ; it tends greatly to increase the stock of pathological and physiological knowledge ; and by improving a part, it leads to the gradual perfection of the whole.

Civilization, with its accompanying increase of wealth and population, is universally followed by the minute division of labor, and the rendition into fragments of the pursuit of every art and science. The science of medicine, which embraces all that relates to the human organization and its injuries, has not escaped this universal law ; having been at an early period divided into two grand divisions—*medicine* and *surgery* ; and these again, at the present day, subdivided into almost as many parts as there are maladies. This state of things, in the medical profession, is productive of much good, provided the surgeon or physician practicing any one branch, has, in the first place, that general knowledge and scientific attainment which are always absolutely necessary for the efficient practice of medicine in its most comprehensive sense ; for, without this general knowledge, he can never succeed in the practice of any one particular branch. To render himself competent, he requires not only a regular education, and a general knowledge of the various branches of medical science, but engrafted upon this, a

minute, accurate professional knowledge of the particular branch of medicine or surgery which he practices. That branch of surgery, for instance, to which the author gives his attention, calls into exercise all our anatomical, all our physiological, and all our surgical knowledge; indeed, it is a speciality which embraces the whole body, and a scientific knowledge of the treatment of those diseases will be a means of greatly improving surgery in general.

After a successful practice of about eighteen years in the treatment of the diseases mentioned in this work, it will not be deemed necessary for the author to stand forth and defend his peculiar method here; this will be done before the proper tribunal—the profession, in his large forthcoming work. He places his claims for support upon something more tangible than mere assertions, and refers, not without a strong feeling of pride, to the many *evidences* in the South and South-west where he has resided, and to the many *proofs* adduced in this work.

In conclusion, he returns his most grateful thanks to his numerous patrons and friends, at whose hands, for so long a time, he has received so many favors, and to whose service he is still ready to devote the remainder of his days.

SAINT NICHOLAS HOTEL,        }  
New York, Dec. 1, 1854.        }

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## INTRODUCTION.

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THE diseases incidental to the Anus and Rectum, or Lower Bowel, are of frequent occurrence among all classes of persons, and in consequence of their seat, as well as their nature, are perhaps the occasion of more suffering and of more annoyance to the patient, than with few exceptions, any other class of diseases. Of extreme frequency, we know of none more difficult to treat successfully, we find none perhaps less generally understood, and none certainly, in which a *rational* treatment is more necessary. Who will attempt to affirm that they are as well understood as they should be, or that they have been studied and treated with that care and discrimination which their importance demands? Such is the ignorance on this subject, even in the profession, that a very able medical reviewer has observed that, "*beyond the treatment of Fistula in Ano and Hæmorrhoids, (piles,) the surgery of the rectum and anus is a sort of land of the Cimmerians, where quacks alone can breathe, and humbug darkens the air.*" But are not those diseases just as susceptible as any others of exact observation, of scientific analysis, and of safe, mild and appropriate treatment? Is it indeed impossible for *light* ever to dawn upon this *region*, darkened by humbug and inhabited by quacks?

Did surgeons but devote half the time and attention to this class of diseases, which they bestow upon some others of less importance, and did patients consult none but those whom they positively knew to be qualified, *quackery*, in these instances, would at once cease, and *Messrs. Humbug*, that large and flourishing *Firm*, would soon be compelled to close doors.

The great incertitude which characterizes the medical as well as the surgical treatment of those diseases, and which continually manifests itself in alternate timidity and cruelty of practice, is caused by the erroneous, the conflicting, and the arbitrary or dogmatic opinions which to so great an extent still prevail concerning their true character and treatment. It is, therefore, a matter of no surprise that so many patients afflicted with those affections, fall into the hands of empirical, unprincipled, or reckless practitioners, whose deceptions are favored by the mystery and secrecy arising from their situation; and who are thereby encouraged and emboldened to perform and to repeat, painful, dangerous and unnecessary operations; or to apply the most severe and often worse than useless applications.

The delicate situation of those diseases forms an almost insurmountable obstacle in the minds of many patients, especially if they are females, to seek and to obtain relief; and even when they do seek it, there is often nothing presented to their choice, but the formidable operations of the surgeon on the one hand, or the multitudinous nostrums of the quack on the other; hence they are too often induced by

these several causes to postpone, from time to time, the proper treatment of their maladies until it is often too late.

The truth is, too little attention is paid to those affections, both by physicians and patients, and they are in this respect often, both to blame. Physicians are too apt, after hearing their patients describe their sufferings in the anal region, to treat them lightly by merely replying, "*O, it is nothing but the piles, I suppose, you will be well in a day or two,*" &c., and then prescribing some salve merely. In most all such cases, a minute examination should be made, for two chances to one, if some serious disease, or complication will not be found to exist. The reasons, however, why this is not done are obvious. An examination is not a very pleasant thing, either to the surgeon or to the patient. But if the surgeon consults his own reputation, or the welfare of his patient, he will insist on an examination, especially when positive symptoms are complained of, or when suspicious ones, not otherwise well accounted for, do exist.

"It would be useless," says a fine writer, "to dwell on the necessity of the surgeon being thoroughly acquainted with these painful maladies. Their distressing nature weighs heavily on a patient's comfort and repose of mind, and he anxiously seeks for relief at the hands of science; but too often he does not obtain it. How then can a physician or surgeon practice with a clear conscience, who does not keep himself on a par with the knowledge of the age. In other professions, ignorance may be *folly*; in ours, it is *crime*."

In consequence of these various considerations and of the fact that these diseases prevail to a considerable extent,

especially in the South and South-west, the author was induced to turn his attention directly to them, and some eighteen years have placed under his immediate care and observation a very large number of patients, both male and female, from the different states of the Union; many of these having previously undergone treatment by some of the best surgeons of our country. He has devoted these eighteen years almost exclusively to the treatment of those diseases, to their investigation anatomically, pathologically and physiologically, and having resided in Louisville, Ky., and New Orleans, La., his opportunities for observation and experiment, have been ample, and he has not failed to avail himself of every source of information within his reach. He has consulted and studied with great care all the authorities on this subject, both ancient and modern—both European and American. Although the labor in this field of investigation is by no means inviting or pleasant, but rather repulsive and disgusting, yet it must be admitted by all to be highly important; for upon it, the life, health, comfort and convenience of so many, so much depend. No subject, however, should be considered degrading or unworthy of anxious attention, which involves such serious consequences, or which has for its object the improvement of the healing art, or the extension of our knowledge of nature's operations. No standard is known by which to determine the respectability of any branch of the medical profession, than its capacity of saving life and suffering, and exciting the powers of the understanding. This subject is now beginning to attract the attention of the most eminent of the profession, and the author knows of none in

the whole compass of medicine and surgery, possessing more practical importance or scientific interest.

It is admitted by all practical surgeons, that those diseases are difficult to treat, under the most favorable circumstances. Any attempt, therefore, at the diminution of that difficulty, should be meritorious, and any degree of success attending it, should be a subject of congratulation. Although the author does not in the present work give his peculiar method of treating those diseases, for reasons already stated, he nevertheless refers with pleasure to his triumphant success in their treatment, as furnishing the most satisfactory and incontestable evidence of its superior excellence. He, however, holds no *secrets* on this subject; but will most cheerfully at any time, until his large work appears, communicate his method most freely to any regular physician or surgeon who should feel so much interest in it, as to be induced to call on him.







# PRACTICAL OBSERVATIONS, ETC.

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## CHAPTER I.

WHY ARE ANAL AND RECTAL DISEASES NOW OF SO MUCH MORE FREQUENT OCCURRENCE THAN THEY WERE FORMERLY?

THAT those affections in the United States have of late years greatly increased in their ratio, is a fact confirmed by the experience of the oldest and best physicians and surgeons of our country. The causes of this increase are obvious, and all who will investigate this subject as I have done, will come to the same conclusion.

### *The Abuse of Purgative Medicine.*

This is one of the most common causes of those diseases at the present day. The idea that it is either necessary to obviate constipation of the bowels, or on every slight indisposition, to swallow some of the numerous and various drastic purgative nostrums which literally fill our country, is a popular error, and a source of incalculable mischief. It has laid the foundation of some of the most serious diseases of the lower viscera. The habitual use of such medicines to obviate constipation, I repeat, is the cause of more diseases of the anal region, than any other one cause that has come under my observation. I have ascertained to a certainty,

that in one half of the cases I treat for such diseases, the cause can be traced to this origin.

The continued exhibition of such medicines, inflicts much reckless and unnecessary injury, by the undue and pernicious excitement of the whole intestinal canal which is thus induced, and all for the purpose merely of emptying the rectum and forcing the dilatation of the anus, which, after all, are accomplished at the expense of the intestinal fluids and the softening and the washing out of the excrementitious matters. In all such cases, a proper attention to diet, to exercise, and to the occasional use of an enema of cold water, or flaxseed tea, would obviate the difficulty without inflicting any injury whatever. It is, however, by no means easy to convince some people that such medicine cannot safely be made use of as a substitute for moderation in diet, for pure air and the proper exercise of the whole muscular system. In short, for all the *natural* measures which long experience has shown to be necessary for the preservation of health. They sometimes experience much relief,—much comfort from the operation of the medicine, especially after having suffered for several days from constipation; but this immunity from discomfort, is but transitory and deceptive. The same difficulty soon returns with increased force, and the same remedy must again be resorted to, and in order to produce the same effect, must either be increased in quantity or in strength at each repetition. It is the pleasant feeling or the exhilaration which is often experienced by this class of invalids, immediately after the free operation of purgative medicine, which induces them to repeat the same on each and every recurrence of the constipation or indisposition.

“A few years ago,” says Quain, in his work on diseases of the rectum, “a case came to my knowledge which will serve to illustrate the baneful influence of the habit of using

purgative medicine. The commander of a merchant vessel, a person of robust frame and much ability in his profession, began to take Morrison's pills to relieve constipation of the bowels, at sea. Continuing the use of the medicine, he became in time reduced to extreme debility from constant purging. At length the appetite grew by what it fed on, to such an extent, that when confined to his bed from mere weakness, and unable to swallow the pills whole, the unhappy man had them bruised in a mortar, and took them with a spoon. He died of the drug."

Several years since, a gentleman from one of the southern States consulted me for a fistula in ano which caused him intense suffering. He stated that for a year or two previous to the formation of the fistula, he could never have an evacuation from his bowels without swallowing great quantities of Brandreth's pills; that he frequently took as many as thirty, forty, and even fifty at one dose. "And," said he, "when they did commence to *work*, they would operate like a *saw mill*." This is but one example out of hundreds that I might give to demonstrate the injurious effects of this pernicious practice.

The motto of most all the quacks of the present day, for the *cure of all diseases*, is PHYSIC! PHYSIC!! PHYSIC!!! Purgative medicines are good in their proper place, but to purge for every thing is absolutely absurd; therefore, all such drastic purgative nostrums, in the form either of pills, bitters, or any thing else, should be eschewed as the Cholera.\*

\* Since the text was written, I have read with much pleasure, the following remarks of Dr. J. B. Flint, of Louisville, Ky. They will be found in the form of a note, in his valuable edition of Druitt's Surgery, page 446. Phil. Ed., 1846. I was much gratified to perceive, that his and my own views so fully harmonize. The subject is of great importance, and has been too much overlooked by medical men; and I am highly pleased that the Doctor has so ably and so justly spoken on it. The note is given entire:—

"Nothing has been more remarkable, in my surgical experience in the west,

Nearly all the nostrums or patent-right medicines which now fill the shelves of our drug shops, are founded, by their authors, upon the principle that *disease is a unit*; that there is but *one general cause* of disease, and but *one general remedy*, and that is always certain to be their own infallible and peculiar one; hence their "*cure alls*," their *panaceas*, *blood purifiers*, *elixirs of life*, &c., in the form of *pills*, *bitters*, *sarsaparilla syrups*, &c. &c. It is surprising how popular this theory is among the masses, and even among physicians. Those minds which are but superficially informed and unaccustomed to the slow and gradual progress of inductive science, are readily seduced and captivated by the reasoning of those who advocate this pernicious system; and

than the disproportioned frequency of diseases of the rectum and adjacent textures—fistula, piles, prolapsus, &c., and I advert to the fact chiefly for the purpose of adding a cautioning remark respecting the causes of it. Doubtless it is partly to be referred to the chafing and contusions, incident to horse-back riding, which is a much more common mode of travelling here, than at the east; but it is mainly attributable to the habit of indiscriminate and excessive purgation, so prevalent both as a remedial and prophylactic measure.

"A large portion of the practitioners of the valley of the Mississippi, have been educated under a system of medicine whose theory regards portal congestion and hepatic derangement, as the essential elements of all diseases, and whose practice consists, almost exclusively, in the exhibition of drastic purgatives.

"It is natural that the people should imitate the therapeutics of their medical advisers, when so simply and easily applied; accordingly they are as much in the habit of drenching themselves, and teasing the alimentary canal, on every occasion of illness, with some concentrated purgative in the form of pills.

"Under one of the most constant laws of irritation in mucous canals, the terminating portions of the apparatus of defecation, are thus perpetually suffering under propagated, as well as direct stimulation, and reacts in the various forms of disease under notice. Besides these direct mischiefs, and others, involving the health in other ways, occasioned by the pernicious doctrines referred to—which are indeed in themselves essentially empirical—they encourage the grossest species of quackery, by promoting the consumption of vast quantities of patent pills, and other purgative nostrums.

"In proportion as a more rational pathology shall prevail among physicians, the habits of the population will undergo a corresponding change, and the preponderance of diseases of the rectum in the duties of the surgeon, may be expected to disappear accordingly."



this, after all, is not so much to be wondered at, when we take into consideration the great apparent simplicity of their views of disease—that it is nothing more nor less than “*impurity of the blood*,” “*venous congestion*,” or some other equally fallacious dogma; and their practice too, being so simple, that it can be summed up in as many letters or words as will make up the name of one of their own nostrums.

The mischievous system, founded upon the principle of the unity of disease and the unity of remedy, is now advocated and adopted by quacks of all grades, both in, as well as out of the profession, and is the great giant that prostrates at once all *Medical Colleges*, with the head-aching studies of *Anatomy, Physiology, Botany, Pharmacology, Chemistry, &c.* It closes all the avenues to progress, and is the burial-ground of all improvement, in the noble and dignified science of medicine.

### *Tight Lacing.*

This is another cause of the increase of anal and rectal diseases in modern times. By this practice, all the viscera of the abdomen suffer. The function of the liver is impeded, the stomach is compressed, and the result is indigestion, with all its train of evils on the lower viscera. The rectum, as well as the womb and bladder, are forced down much lower than natural, from which often result the very worst consequences.

To these causes might be added many more, which tend to increase the list of such patients, but I deem these sufficient for all practical purposes.

## CHAPTER II.

### STATISTICS.

FROM the very nature of the diseases of which I am treating, and their causes, it is very difficult to obtain available data, as there are scarcely any means of arriving at any thing like the exact number of such cases that really do exist. A very large number, doubtless, of both male and female, but especially the latter, never apply for relief; being deterred by the idea that it is absolutely necessary to submit to some formidable surgical operation, as is the popular practice of the day, in such cases; or they endeavor, from a false delicacy or some other cause, to conceal their disease. I am, therefore, not yet prepared to make out an available report, or to give full and satisfactory answers to the following questions:

What is the ratio of persons laboring under those diseases, to the entire population?

Are particular classes more liable to be affected than others?

What influence has climate in the production of those diseases?

Are they more prevalent in males than in females?

I will, however, give the result of my own practice in the treatment of fistula in ano, the second most common of this class of diseases. From the first of July, 1837, to the first of September, 1846, I treated of this one disease alone three hundred and five cases. Of this number 275 were whites;



and 30 were blacks; 225 were males and 80 were females; of the 225 males, there were 4 boys under three years old; of the 80 females, there were 3 girls under four years old; of the 30 blacks, 26 were males, and 4 were females. The blacks were all adults. Of the 196 adult white males, there were 74 farmers and agricultural laborers; 41 mechanics of various kinds; 20 merchants; 12 clerks; 10 judges and lawyers; 9 clergymen; 6 physicians; 5 sheriffs; 5 gentlemen without professions; 4 steamboat engineers; 3 steamboat captains; 3 school teachers; 2 stage drivers; 1 hotel keeper, and 1 sailor.

Since the above estimate was made—that is, from the first of September, 1846, to the first of September, 1854, a period of eight years, I treated four hundred and ninety-seven additional cases of fistula in ano; making in all, during a period of seventeen years, eight hundred and two cases. I doubt whether any other surgeon, in this or any other country, has ever treated so large a number of persons for this one disease, in so short a time, and with such complete success. The celebrated Peter de Marchetti, who was professor of surgery and anatomy at Padua, in 1725, remarked before his death, that he could affirm without vanity, that he had cured above six hundred cases of fistula of the anus. His method of treating this disease was the knife, combined with either the actual or potential cautery—that is, the red hot iron or caustic. I can with equal propriety and without boasting affirm, that I have, within seventeen years, radically cured upwards of seven hundred cases of fistula in ano, and that too *without* either the knife, the actual or the potential cautery.

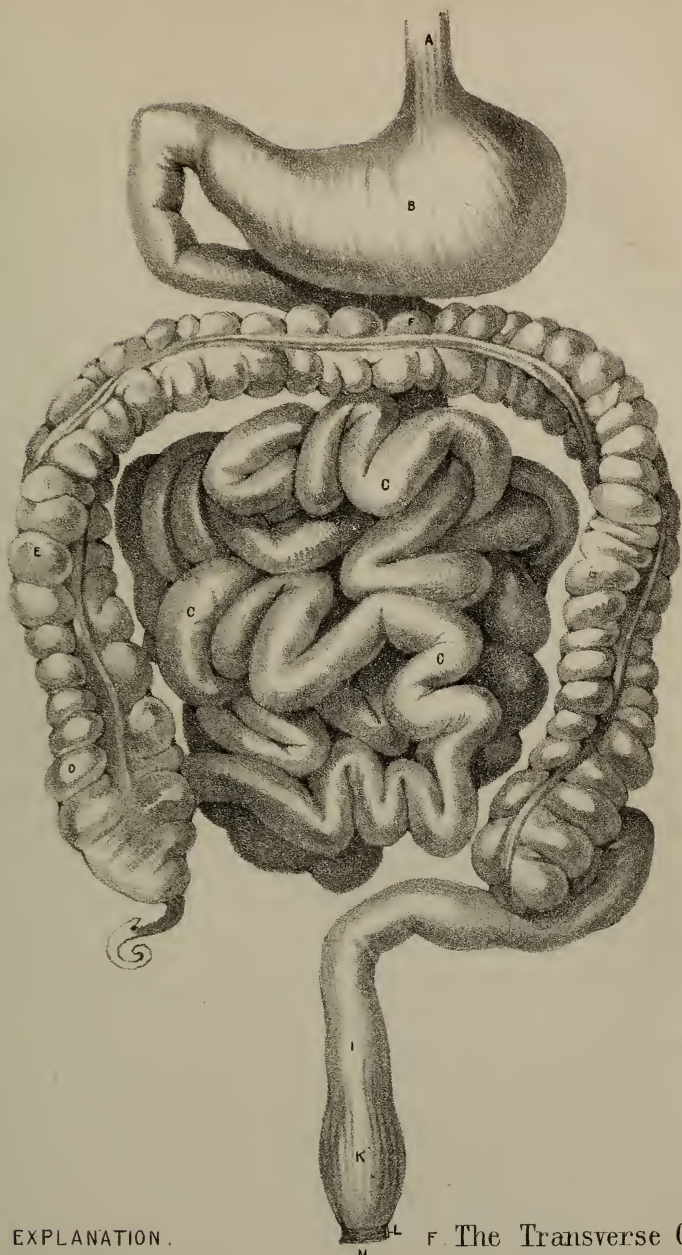
## CHAPTER III.

### THE ANATOMY OF THE RECTUM AND ANUS.

I CANNOT introduce the diseases described in the following pages, in a more appropriate and useful manner, than by first giving a short description of the anatomy of the rectum and anus, and their relative position with regard to the several organs contained in the pelvis. In doing this, however, I shall be compelled to use technicalities ; for I find it utterly impossible to avoid them.

That portion of the alimentary canal which has obtained the appellation, *rectum*,\* occupies the posterior part of the pelvis, and is continuous with the large intestine called the *colon*. (Vide Plate I.) It commences at the termination of the sigmoid flexure (double curve) of the colon, opposite to the left sacro-vertebral articulation, and it terminates at the anus. It is about twelve inches long, varying slightly, however, in different subjects, according to their stature. Its form is cylindrical at its commencement, and, indeed throughout a considerable portion of its extent ; but towards its lower extremity, however, it becomes large and saccated, forming a terminal *pouch*, which is dilated and flattened from before backward, and the mouth of which is closed by the internal sphincter ani muscle, like a purse. This dilatation or pouch,

\* The term *rectum*, which signifies *straight*, when applied to the terminal portion of the intestinal tube in the human subject, is neither correct nor at all appropriate ; for it will presently be demonstrated that it is not straight, but curved, both in the antero-posterior and lateral direction.



EXPLANATION.

- A. The Œsophagus.
- B. The Stomach
- C. The Small Intestines.
- D. The Colon or Great Bowel.
- E. The Ascending Colon.

- F. The Transverse Colon.
- G. The Descending Colon.
- I. The Rectum.
- K. The Pouch of the Rectum.
- L. The Sphincter Ani Muscl.
- M. The Anus.





in consequence of the peculiar organization of the part, is capable of acquiring great size, and in some instances, of long continued retention of fæces, it has been found to occupy a very large portion of the cavity of the pelvis.

The size of the rectum for some distance, is nearly continuous with that of the sigmoid flexure of the colon; but differs from the other portions of the intestines by its becoming wider in its downward progress, until it reaches the upper margin of the internal sphincter ani muscle. From its commencement on the left side, at the upper opening of the pelvis, it is directed from above downward, and at first a little obliquely from left to right, descending into the pelvis along the anterior surface of the *sacrum* for about six inches, occasionally undergoing, in some subjects, slight lateral inflections, until it has arrived at the median line of the body, at a point opposite the junction of the third and fourth bone of the sacrum, adapting itself during its downward course to the curvature of the bone over which it had to pass. From this point, it is then directed obliquely from above downward, and from behind forward, for about four inches, still in the middle line, to the extremity of the *coccyx*, (lower end of the spine,) and on a level with the prostate gland. Finally, from immediately below the level of the prostate gland; it is then directed obliquely from above downward, and a little from before, backward for about one inch and a half, to terminate at the anus.

For the purpose of better elucidation, the rectum may be distinguished into three divisions—a superior, (upper,) a central and an inferior, (lower); the three main curvatures which the organ describes in its downward course, being made the foundation of these natural divisions; each of which is distinct in its situation and connections, with regard to the several organs in the pelvic cavity. The superior (upper) portion extends from the commencement of the rectum, at

the lower end of the sigmoid flexure of the colon to the junction of the third and fourth bone of the sacrum, just where the rectum leaves its peritonæal investment to curve below the bladder. It is about six inches long, being the largest portion, and about half the length of the whole organ itself. In its direction downward, as has already been noticed, it describes a curve, the convexity of which is turned backward, and corresponds to the sacrum. Anteriorly it corresponds to the posterior surface of the bladder in the male, and to the womb and a small portion of the vagina in the female, and in both sexes to a fold of the ileum lodged in the intervening *cul-de-sac*. It is tortuous, smooth and loosely attached to the left half of the anterior surface of the sacrum by a short fold of the peritonæum, called the *meso-rectum*. This portion of the rectum might with great propriety be termed the peritonæal portion, because of its being completely invested by this membrane.

The central portion commences where the organ leaves its peritonæal envelop and begins to go below the bladder. It is about four inches long, and its direction is obliquely from above downward, and from behind forward, slightly curving in the same direction, the convexity bearing upward. It is fixed and immovable, and always corresponds anteriorly to the vagina in the female, and in the male to a small portion of the posterior part of the bladder, from which it is separated downward and outward by the seminal vesicles, and vassa deferentia, and lies in close relation with them. Towards its termination, it corresponds to the prostate gland and the commencement of the membranous portion of the urethra, and is in contact with them. In the female it is very intimately and firmly connected to the vagina by a vascular network, constituting the recto-vaginal septum; but in the male it is but loosely connected to the base of the bladder and prostate gland, by a layer of cellular tissue of a soft and lax



character. It differs quite materially in its organization, structure and attachments from the upper, or free portion, being attached to the parietes of the pelvis in a very strong manner, and being destitute of the peritonæal covering, except a small portion on the upper part of its anterior face, over which the peritonæum is sometimes extended, when the bladder is empty.

The inferior (lower) portion of the rectum commences at the extremity of the coccyx, and terminates at the anal orifice. Its length is about one inch and a half, and its direction is obliquely downward and backward. This last inflection separates it from the urethra in the male, and from the vagina in the female. It is of greater capacity above than below, and is surrounded by dense adipose cellular tissue, except at its upper extremity, in front, where it is closely attached to the prostate gland. In its lower three-fourths, it is completely invested by the sphincter ani muscles. This portion of the rectum might, with great propriety be termed the anal portion, or anal canal.

The structure of the rectum, like that of the other hollow viscera of the abdomen, consists of three tunics, a peritonæal, a muscular and a mucous, which are united to each other by cellular tissue. Sufficient has already been said with regard to the peritonæal tunic for our present purpose. The muscular coat of the rectum is of greater density and strength than that of any other portion of the intestinal canal, and is composed of two layers of fibres, an external longitudinal, and an internal circular layer. The first of these is formed from the longitudinal fibres of the colon, which are arranged in three bands, uniting at the rectum into two layers; these, however, speedily expand into one coat, the strength of which diminishes the nearer we approach to the internal sphincter. The internal circular fibres are quite distinct, and exist in all parts of the rectum. Yet in the superior and middle por-

tions, they are less numerous, pale, thin and disgregated, and do not form a complete covering. As they approach the lower extremity of the middle portion, however, they lose their pale and delicate appearance, become stronger, more numerous and more closely set together, until they reach the superior extremity of the lower portion, where they become blended, and constitute the internal sphincter muscle. It is in consequence of these fibres being weak, thinly scattered, and having considerable interstices between them, that the superior and middle portions of the rectum are so capable of great distention. Hence in obstinate constipation, instances occur in which these portions of the rectum are most enormously distended with fæces, the spaces between the fibres forming so many cells for the collection of such accumulations. The mucous coat of the rectum is much more ample, much more vascular and considerably thicker, redder, and more porous than any other portion of the large intestines. When the rectum is empty, its mucous coat is thrown into undulating folds, varying in number and size; near to the anus, these are larger than in the upper portion, and were denominated by Morgagni, the columns of the rectum.

The mucous glands as well as the absorbent vessels of the rectum, are numerous; the former secrete a fluid which lubricates the internal surface of it, and facilitates the passage of the fæces. These glands occasionally become enlarged from long continued irritation, appearing like so many tubercles, in the centre of which will generally be found a small black speck, which shows the orifice of the excretory duct.

The arteries of the rectum originate in three sources, and are divided into the superior, middle and inferior hæmorrhoidal. The superior result from the division of the inferior mesenteric. They descend along the posterior surface of the rectum, dividing into numerous branches which ramify upon

the lateral and anterior surface, anastomosing with the branches of the opposite side, and with the middle hæmorrhoidal. The middle hæmorrhoidal generally arises from the internal iliac. Occasionally, however, it is a branch either of the ischiatic or internal pudendal; descending obliquely on the anterior surface of the rectum, it divides into various branches, which anastomose above with the superior, and below with the inferior hæmorrhoidal. The inferior hæmorrhoidal arteries arise from the internal pudendal; they ramify in the fat and cellular substance, surrounding the anus, and supplying the sphincter ani muscles, they anastomose with the middle hæmorrhoidal. The arteries of the rectum are more numerous and of larger size than they are in any other part of the large intestines. Hence operations on its lower portion are sometimes attended with serious, if not fatal hæmorrhage.

The veins of the rectum are derived from the inferior mesenteric, the pudic, the ischiatic and the middle hæmorrhoidal, and correspond to the arteries of the same names. They are quite tortuous, and towards the commencement of the inferior portion of the rectum are peculiarly capacious, numerous and thin, especially those deficient of valvular structure. The branches of these veins, taken collectively, constitute a plexus, termed the hæmorrhoidal, which is situated in the inferior portion of the rectum, between the mucous and the muscular coat. Some of the branches of this plexus pass through the internal sphincter muscle, supply the cellular and adipose tissue, at the side of the rectum, and then anastomose with the body of the plexus, below the inferior margin of this muscle. It will be observed that the inferior mesenteric is a part of the portal division of the circulation, destitute of valves, and that the hæmorrhoidal plexus partakes of the same character. It is thus that a full connection is established between this plexus

and the portal and general venous systems, which is of great importance, both in a medical, as well as surgical point of view. There is sometimes an enlarged and varicose condition of the proper veins of the anal region, especially in old persons, and in those who labor under diseases of these parts, such as anal fistula, hæmorrhoids, stone in the bladder, &c. In such cases, when these veins are divided, there sometimes follows the most alarming, if not fatal hæmorrhage. There is also great danger of serious bleeding, when the parts are indurated from inflammatory deposits, and consequently when the divided vessels are unable to retract.

The nerves of the rectum are principally supplied from the sacral and hypogastric plexus. Those derived from the sacral plexus descend to the posterior part of the inferior portion of the rectum. In their descent, after distributing ramifications to the hypogastric plexus, divide into two sets of branches, one of which ascending, goes to the sigmoid flexure of the colon, whilst the other, descending, extends to the external sphincter muscle. Both of these sets of branches terminate partly in the mucous, and partly in the muscular coat. Those derived from the hypogastric plexus proceed forward and downward, and are distributed to the rectum and anus.

The rectum is the only portion of the intestinal canal which receives additional nerves from the cerebro-spinal system; hence it is endowed with much greater sensibility, and consequently subjected to a much greater number of influences, both healthy and morbid, than any other portions of the canal; hence its functions, too, are of a mixed character, partaking, in part, both of voluntary and involuntary motion.

#### *The Anatomy of the Anus.*

The Latin term *anus*, which implies a *circle*, is used to designate the orifice or outlet at the inferior extremity of the



rectum, through which the fæces make their final exit from the body.

For the purpose of preventing the inconvenient, the disgusting, and the constant excretion of the fæces, the anus is furnished with two circular muscles, especially intended to control it, denominated sphincters, or constrictors. These two muscles, which are alone proper to the anus, are called the external and internal sphincters. The external or cutaneous sphincter ani muscle is composed of a broad flat band of elliptical fleshy fibres, about an inch in thickness, and the same in breadth, placed immediately beneath, and intimately united to, the skin of the anus, the orifice of which it completely encircles.

The internal sphincter ani muscle is a flat and slightly oval muscular ring, composed of the circular fibres of the rectum, so multiplied and so closely aggregated as to form a complete coat encircling, like a belt, the upper margin of the inferior portion of this viscus. It is situated immediately below the terminal pouch of the rectum, and varies from half an inch, to one inch and a half in breadth, and from an eighth, to a quarter of an inch in thickness.

A knowledge of the natural action of these two muscles, as well as their action and sympathies in the morbid state, is of the highest consequence; especially when we take into consideration the great importance of the organ to which they are subservient, or the diseases with which they are often connected, or to which they themselves are liable. They sometimes produce a sympathy among the subordinate parts, which is often of the most distressing character; as in *fissure of the anus*, *hæmorrhoids*, *constipation*, &c.; for any one of these diseases may, and does sometimes, excite the most painful action of one or both of these muscles. Indeed there are but few muscles more novel in their organization and in their functions, and which are more deserving of attention.

## CHAPTER IV.

### THE PHYSIOLOGY OF THE RECTUM AND ANUS.

A KNOWLEDGE of the anatomy of the rectum and anus naturally leads to a consideration of the functions, or physiology of the same organs. These, in my opinion, are among the most beautiful instances, elucidating that science, in the whole human body.

To the rectum, and especially its *pouch*, belongs the office of reception and accumulation of the fæcal matter; whilst to the sphincter ani muscles, belongs the office of retaining it, and finally aiding in discharging it. The rectum, therefore, may with great propriety be styled the *terminal* depot of the alimentary canal. The most superficial observer cannot but be struck with the utility of the peculiar form of this organ, for had it been *straight*, as its name implies, we should have been continually annoyed, especially when on our feet, by a disposition to empty it; not only, however, are we by its peculiar formation protected against this, but the pouch of the rectum allowing a large quantity of matter to collect, gives sufficient time for the absorbents of the part to take up any nutritive portions of food that might, if possible, still remain. The first portions of the alimentary mass, after being almost wholly deprived of their nutritive properties, are carried forward by the *peristaltic* (vermicular or wormlike) action from the ileum to the cæcum,—thence transmitted along the colon, they finally enter the rectum. As each successive portion is received into the superior part of the



rectum, the former one is propelled forward by the impulse given it from behind, assisted by the contractile power of the part itself, till they eventually arrive at the inferior or lower part of the rectum, where they slowly accumulate, and gradually distend it, until, sooner or later, an uneasy sensation is experienced on its parietes, which has been denominated "*a call of nature*," and which is followed by the act of exoneration.

Although the rectum, from its peculiar muscular structure, is completely equipped as an expulsive organ, it would nevertheless fail to fulfil its offices as such, were it not suitably endowed with *nerves*, like telegraphic wires, to put it in relation, or in communication with other organs, and enable it to receive and to respond to impressions made upon it. In the preceding chapter, I have shown that this organ, in addition to the organic sensibility with which it is endowed, in common with all parts of the intestinal canal, by nerves from the ganglionic system, is also endowed with animal sensibility, by nerves from the cerebro-spinal system, the peculiar property of which is, that kind of sensibility which we can plainly perceive, and of which we are distinctly conscious. By this last peculiar nervous endowment, the rectum is enabled to give admonition of the presence of the collected fæcal mass in its own cavity, a power which no other portion of the intestinal tube possesses; for, although the organic sensibility of the whole canal enables any part of it to perceive the presence of the alimentary mass which stimulates it and produces the peristaltic action; yet we are not conscious of this sensibility, nor of this action; neither are we conscious of the passage of this mass through the intestines, nor of its presence at any particular part; but no sooner has a certain quantity collected in the rectum, than a sensation at once is experienced which informs us of its presence there, and which calls for its expulsion. "After the

deglutition of our food," says Dr. Black, "we have no further control over its mode of action and passage through the stomach and bowels, than if it had been committed to the interior of another animal; and it is only when the refuse or recrementitious matter arrives at the lower part of the alimentary canal, that we can again recover any cognizance or control over the natural and independent disposal of our aliment. As the ganglionic system of nerves takes up the office of digestion and assimilation from the voluntary nerves, at the threshold of the alimentary conduit, so they in time consign the recrementitious matters over to the same sentient and motor nerves at the opposite outlet of the body."—(*A Manual on the Bowels*, p. 166. London, 1840).

"These ganglionic organs," says Dr. Johnson, "not only refuse to tell us *how* they perform their operations in their hidden laboratories, but *when* they are at work. Thus in a state of health we have no conscious sensations from the vital functions of the circulation, respiration, digestion, assimilation, secretion, &c. The heart feels the presence of the blood, but keeps that feeling to itself. The lungs feel the influence of atmospheric air, but gives the mind no intimation of such feeling. The stomach is alive to the presence of food, and performs the important task of digestion, but troubles not the intellect with any intimation of its proceedings; and so of all the other internal organs. This is a wise provision of Nature; or rather of Nature's God." (*The Economy of Health*, p. 134. London, 1843).

The contraction of the rectum, aided by the diaphragm and abdominal muscles, is the efficient cause of the expulsion of the fæces. Of these agencies the rectal contraction is the principal, the diaphragm and abdominal muscles co-operating only in a subordinate manner. The rectum alone performs the dilatation of the sphincter ani muscles, preparatory to the passage of the fæces, and may also suffice for their com-

plete expulsion. Of this fact any one may convince himself by sitting up straight whilst at stool, and sufficiently high, so that his feet would not touch the floor. In this position the diaphragm and other abdominal muscles would be made quiescent, during defecation. That the chief expulsive force resides in the rectum, and especially in its anal portion, will be seen in the above instance, as well as in cases of involuntary discharges which pass off without the agency of the abdominal muscles.

What has been said relative to defecation, together with the parts both directly and indirectly concerned in this act, must be understood as having reference to their healthy or normal, and not to their morbid or abnormal action; for this act is not always under the control of, or in obedience to the will; as, for instance, when involuntary discharges take place from the rectum, the parts more or less concerned in this operation, are laboring under disease. The brain may be so affected that the will may be incapable of action; or the sphincter ani muscles may be so morbidly irritable as not to be at all under the control of the will; or the actions associated with the irritations of the rectum may be so susceptible of impressions as to compel the sphincter muscles into obedience. Many of the most frequent, tormenting and violent evacuations from the rectum are not consequent upon the presence of *fæcal* matter in this viscus, as is seen in the *tenesmus* of dysentery; neither is distention of the rectum always necessary to the accomplishment of the act of expulsion, as is seen in *diarrhœa* and dysentery. Consequently all such acts must be looked upon as illustrative of an unhealthy or abnormal character.

As a general rule, the excrementitial residuum of one day's aliment taken into the stomach and amassed in the rectum, is sufficient to provoke the expulsive movement. The frequency, however, of the *fæcal* evacuations, is by no means

certain, depending, in a great measure, upon the nature and the quality of the food; upon the habit of the individual; upon the age, the sex, the constitution and the occupation. With regard to the habit, there is perhaps no functional act of the whole body more under its influence, than that of defecation. In children, the fæcal dejections take place more frequently than in adults, being usually in proportion to the number of meals. This frequency is doubtless in consequence of the digestion of children being much more rapid, the intestinal secretions more profuse, the fæces much more fluid, and the sensibility of the alimentary canal much greater. It may also, in a great degree depend upon the fact, that in childhood the rectum is wholly uninfluenced by the will. In females, the intervals of defecation are less frequent, and the dejections less copious than in males, doubtless in consequence of the absorbents extracting a large proportion of the nutritious matter from the food, and the menstrual evacuation being a kind of substitute for, or supplying the place of, the intestinal secretions; hence the bulk of the excrementitious mass from these causes, would necessarily be greatly reduced.

Whilst the accumulation is taking place in the rectum, the fluid portions of the fæcal mass are gradually being absorbed, together with any nutritive particles that may have been left in it. Should the dejections occur regularly, once in twenty-four hours, no unfavorable change in the excrementitious matter would result, but should they be protracted much beyond this period, the mass would gradually become compact, then indurated, friable and knotty—so much so that its evacuation would be rendered both difficult and painful. Such, however, is the influence of habit, that occasionally cases do occur in which no alvine dejections take place for days, and even for weeks, without the occurrence of any unpleasant circumstances. In such cases the protracted presence of the fecu-



lent matter obtunds the organic sensibility of the rectum, so that it requires something more than the accumulation to stimulate it to the expulsive effort. In those who are most regular in their bowels, defecation takes place in the morning immediately after rising, or immediately after breakfast, when the perceptive power of the nervous system is most active, and when the organic sensibility of the alimentary canal is revived, after having remained quiescent during the hours of repose.

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## CHAPTER V.

### CONSTIPATION.

THE term *constipation* is derived from the Latin *constipo*, to crowd together; a compound of *con* and *stipo*, to fill up close. The corresponding term *obstipato*, under which costiveness is usually described by Latin authors, is from *ob* and *stipo*, to stop up. The true import of the word *constipation*, therefore, would appear to be the collecting and impacting of the excrementitious matters, the residuum of the various processes concerned in alimentation, in some part of the intestinal tube.

Constipation of the lower bowels, is a most fruitful source, and a most frequent accompaniment of the diseases treated of in this work. I have, therefore, concluded to devote a short space to its consideration. To enter fully into the causes, the symptoms and the remote sympathetic diseases and consequences of constipation, would far exceed the limits and the objects of this present work. A few observations, however, upon the most common causes of constipation, together with the most simple means of obviating that condition, will not be considered out of place.

*Causes of Constipation.*

Perhaps the first and most common cause of costiveness, is a proper want of attention to the *calls of nature*. I have already shown in the chapters on the anatomy and the physiology of the rectum and anus, that nature has designedly made provision for the retardation as well as the accumulation of the faecal matter in the rectum, by supplying this organ with a sack or pouch, and its extremity with a muscular mechanism, in subjection to the will, for the purpose of opening and closing it. This controlling or restraining power, when properly and duly exercised, is highly essential to our comfort and our convenience; but when abused, in order to postpone, or to set aside the admonitions of nature, so as to retain the excrementitious matters beyond the period when nature calls for their expulsion, the most serious consequences, sooner or later will inevitably ensue. In the brute creation, and in early childhood, the calls of nature are never disobeyed—never neglected;—but the natural functions are suffered to go on at all times without any interruption or restraint whatever. Unfortunately the customs and callings of civilized life too often interfere with the strict fulfilment of this injunction of our nature; and it is frequently suffered to be interrupted, or set aside by the most trivial circumstance. A false or misplaced sense of delicacy, a most trifling engagement, or sheer indolence is permitted to interfere with the exoneration of the rectum, a natural and necessary function, and one without which health can neither be enjoyed nor preserved. Little do such persons reflect, at the time, of the ill health and the suffering that they are entailing upon themselves, by such a course of conduct. Dr. Burne, in his invaluable work on “*Habitual Constipation*,” makes the following just remarks on this subject. “How often does it happen that ladies, feeling it not quite convenient to retire



to the closet at the moment they experience an admonition, defer it till a more favorable opportunity ; but this opportunity having arrived, their efforts are powerless. The bowel will not then act, and disappointment and discomfort ensue. Delicacy on their part is carried to a most pernicious extent in England, while on the other side of the channel, the reverse obtains—happily, perhaps, as regards health and ease. An English gentleman, while in France, having one day occasion to go to the cabinet d'aisance, found it occupied by a lady—the door not being bolted. Embarrassed, he retreated to his apartment, where in a few minutes, another lady of the family came to him saying, ‘Monsieur ! la place est libre !’ The Englishman blushed for an instant ; but quickly recovering, said to himself, en allant, Eh bien ! If Madame feels no delicacy in this matter, why should I ?” (*p. 110 Philadelphia, 1840.*)

Continued care and anxiety of mind are also causes of constipation of the bowels. The great anxiety to which those are subjected who are continually and actively engaged in their business or profession, exerts a powerful influence upon the functions of the alimentary canal ; it not only depresses the nervous system, and causes indigestion, but also renders torpid the peristaltic action of the bowels. As a confirmation of the truth of this, as soon as such persons emancipate themselves from the cares and anxieties of their business, by taking an excursion into the country, the mind soon recovers its wonted cheerfulness, the spirits their elasticity, and the bowels their normal function. Indeed, when we take into consideration the contentions, the competitions, and the responsibilities which this class of persons have daily to encounter, especially in large cities, it is a matter of no surprise that they should suffer from languor and depression, from indigestion and from constipation with its numerous evil consequences.

Sedentary habits, or the sedentary occupations of life, greatly tend to constipation and inactivity of the bowels. Hence men of literary pursuits, or those closely occupied in study, as students, or employed at the desk or counter, as clerks and accountants; or those confined to seats, as seamstresses, milliners, tailors, &c., are all extremely liable to suffer greatly from confined bowels. The want of bodily exercise, generally lessens the demand for food, weakens the digestive organs, and indigestion and constipation are almost a necessary consequence.

Some of the causes of constipation among the richer and higher classes of people, are the modern and irregular hours of society, including late breakfasts, late dinners, and all the long nocturnal pastimes of music and dancing in crowded and heated rooms, &c.; all of which necessarily imply many contraventions and restraints of the laws and of the regular discharge of the functions of nature.

Travelling very generally produces temporary confinement of the bowels, doubtless in consequence partly, of a want of the proper conveniences as well as the opportunities for the exoneration of them. The regular attention to the periodical calls of nature is with so much more difficulty given when the individual is travelling, than when he is stationary, or at home. It may also be, in part, owing to the insensible perspiration being increased by travelling, and the absorbing actions throughout the cavities being also augmented. Ladies frequently are rendered quite ill from this cause, constipation always increasing the feverish heat which arises from travelling in a close carriage. These unpleasant annoyances and sufferings to which travellers are so subject, often mar all the anticipated pleasures and enjoyments of their journey. They should, therefore, never set out to travel either by land or by sea, without first providing themselves with every proper and necessary means for obviating constipation.

A want of the proper accommodations for the exoneration of the bowels is a frequent source of constipation. Water closets, as a general rule, are entirely too deficient in number. Sometimes one only for a large family, and even this, often most unfortunately situated—most awkwardly constructed, and most filthily kept. There should never be less than at least four closets in every house—one appropriated to each sex—one attached to the visiter's apartment exclusively, and one for the servants. The out-door privies or *cabinets d'aisance* are also often badly planned, or inconveniently situated—being too far from the house, or being in a locality which is cold, damp, or otherwise repulsive; or the access to them being too public, &c. It certainly would be attended with very little additional expense and trouble to construct in-door closets, as well as out-door cabinets in a proper and suitable manner, in sufficient numbers, and in places convenient and approachable, in which the access would be easy, and the egress private, and also to keep them ventilated, fumigated and clean. How strange that such vast sums are expended and such pains taken in the construction, the arrangement and the decoration of palatial edifices, whilst an utter disregard is so often manifested respecting the one thing needful—the conveniences which are so necessary to the health, the comfort and the enjoyment of a family and its visitors. An architect might immortalize his name, were he to give his special attention for a short time to improvements in the construction of water closets. It is true that the inconveniences alluded to, do not exist to the same extent in this city, and consequently are less felt here than in other cities of the United States and throughout the country generally. Yet even here in New York, with all the advantages of the Croton water, there is still great room for improvement in this respect. Who has not often sadly experienced in his own person inconveniences, troubles, difficulties and annoy-

ances like those enumerated? Some may think these sources of costiveness as of but little import, and consequently pass them by. They are notwithstanding, of grave importance; for they all conspire more or less to counteract the operations of nature, and to originate constipation.

*Peculiarities Respecting the Action of the Bowels in some persons.*

It is of great importance that defæcation, or the evacuation of the bowels should be healthily and normally performed. Yet ingesta and the alvine discharge cannot, however, be regulated upon any general and uniform principle, such as the supply and waste of a *steam engine*. There are so many relative forces and inertia at work in different individuals, that each almost becomes of himself an independent piece of vital mechanism. Owing to the different habits and constitutions of different persons, that which would constitute a natural periodicity of the bowels in one, would perhaps be a debilitating laxity in another. Constipation or slowness of the bowels, should therefore be strictly determined by the laws which habitually govern the individual himself. With the largest majority of persons, the bowels are usually relieved every twenty-four hours, either immediately on rising in the morning, or after breakfast; the impulse given to this function, being doubtless either the increased pressure on the lower bowels, by assuming the erect posture, or the distention of the stomach by the first meal. Although as a general rule, the bowels should be freely moved once every day, yet there are exceptions to this, in which persons in health, have two, three and four soft motions daily; whilst others again require but one evacuation in three, four or five days. These peculiarities of constitution should always be taken into consideration; they should always be carefully distinguished



from the results of the bad management of, or the inattention to, the right performance of the excretory function. I could here relate several very remarkable instances which came under my own observation, of the peculiarities in some individuals with regard to the action of their bowels. I could also give a large number of such cases from authors, but have only room in the present work, for the following. Two extraordinary instances of peculiarity in this respect are related by Heberden. In one instance, the bowels were moved but once a month. In the other they were moved twelve times daily, for thirty years. (*Commentarii de Morborum Historia et Curatione. Editio Altera. p. 14, Londini.*) Renauldin mentions the instance of a lady who passed ordinarily a whole week, and sometimes ten and fifteen days without going to the closet, and she was scarcely ever indisposed.—(*Dictionnaire des Sciences Medicales, tome vi. p. 254.*) The diurnal evacuation of the bowels should, however, always be promoted and established, and should, if possible, take place in the morning. This is the more general and natural custom from youth up to advanced life, and is most conducive to health and to comfort, and is also consonant to that periodical order which nature affects in our daily supply of food, followed every twenty-four hours by a long suspension of ingesta and of exercise during the night.

#### *Prophylactic Treatment of Constipation.*

As constipation is a source of so much evil, the primary cause of so many diseases, especially the most of those named in this work, its prevention or removal, therefore, is of the utmost consequence; and this, I am happy to say, is generally in the power of almost every individual himself, to accomplish, and that frequently, without purgative or any other medicine. The principal objects to be attained in the treatment of constipation, is to ascertain



the cause and remove it; to procure fæcal evacuations by the most simple, mild, and least irritating means; to restore the lost tone of the bowels; and to prevent the recurrence of this torpid condition. These important objects may, in the majority of instances, be accomplished by invariably visiting the water-closet once daily, and soliciting an evacuation, whether there is a natural inclination or not, by the use of enemata; by regular exercise; and by diet.

*Visiting the Water-Closet Once Daily.*

All the bodily functions are capable of being influenced by, and subjected to habit. Nothing conduces more to the healthy action of the bowels than attention to this principle. Next to early rising, and not less important, is the habit of visiting the water-closet regularly at a certain period every day, and strictly obeying the calls of nature, soon after breakfast being the best time. By observing regularly the same period in the twenty-four hours, for the relief of the bowels, whatever has been formed or accumulated in them is found to be prepared at the recurrence of those periods for elimination, and to have been brought to the rectum for that purpose. Many persons scarcely take time to eat or to evacuate their bowels; when they do eat, one would suppose that mastication was entirely superfluous; so when they retire to the water-closet, such is their haste, that if nature does not relieve herself at the moment, they make no further effort; and constipation is thus allowed to take place and to continue, and which after a while cannot be overcome by any efforts, short of the assistance of artificial means. The calls of nature should never be neglected, however slight they may be, but at once attended to; and what is still more important, if the effect should not immediately take place by the first effort as anticipated, the individual should wait patiently and "*solicit nature*," until

it does take place. By persevering in this manner, that end will be accomplished, which would otherwise seem impossible. We are creatures of habit, and I have known many persons who, by their continued applications to the temple of *Cloacina* for relief in this respect, have finally obtained it permanently. I have already commented upon the evils resulting from a want of attention to the admonitions of nature.

*Enemata.\**

Rectal injections were, a few years ago, in this country, viewed with the greatest disgust, and even with horror, and were scarcely ever resorted to, except on extraordinary occasions, when advised by a physician. Now, however, they are becoming quite common. They may be abused, it is true, but their abuse is by no means attended with the evil consequences, as is that of purgative medicine. The French and Germans are constantly employing them all their lives; sometimes for the purpose of disburdening themselves after excess in eating; and from the fact that they generally use them warm and medicated, they doubtless do more or less harm; yet, even with these attending evils, they by the use of this means, save themselves "*oceans of draughts and bushels of pills*;" hence even on the score of economy, they are decidedly preferable to purgative medicine. I however, never recommend injections but for the purpose solely of aiding the efforts of nature; as soon as the bowels regain their natural tone, and are disposed to act of themselves, the enemata should for the present be discontinued.

\* Pliny records, that the use of clysters or enemata was first taught by the *stork*, who may be observed to inject water into its bowels by means of its long beak.

"Simile quiddam et volucris in Egypto monstravit, quæ vocatur ibis; rostri aduncitate per eam partem se perluens, qua reddi ciborum onera maximè salubre est."

As it regards enemata, cold water or cold flaxseed tea makes the best lavement or injection that can be used for the purpose of overcoming the torpor or inactivity of the lower bowels, which exists in constipation. All warm, relaxing, and highly stimulating injections should be avoided, as they are sometimes the cause of constipation, and where it already exists, they only increase it. Medicated injections should never be used unless advised by a physician. There is nothing more safe, easy and appropriate to call into activity the lower bowels in constipation than an enema of cold water, or cold flaxseed tea. The effect of it is not so much an interference with, or a superseding of nature, as it is a simple aid to, or a solicitation of, her ordinary operations. As a general rule, such injections are very harmless, and remarkably well borne; they, however, produce in some persons, at first, an uncomfortable sensation of cold in the bowels and loins, which sometimes continues from a half to an hour. Sometimes they produce pain in the bowels and a slight diarrhoea; when this is the case, which is indeed but seldom, all that is required is to discontinue them for a short time, and to use them only every third or fourth day, instead of daily. In the case of individuals in whom there is little reaction against cold, it is best not to use the water at the ordinary temperature at first, but to begin with it at the degree of 75° Fahrenheit, gradually coming down to 65°, 59°, and 53°, till at length, water of the natural temperature may be used. As a general rule, however, cold water to be used as an enema should be of a temperature varying from 55 to 65 degrees of Fahr., which would be about the temperature of cold water in the dressing room in summer; in winter the same water might be as low as 40°. The water of the summer temperature would, therefore, be the most proper, as it would be more likely to agree best with the majority of persons.

A variety of instruments have been constructed for the purpose of administering enemata, some of which are absolutely pernicious, whilst others are more remarkable for their elegant exterior and extravagant price, than for their simplicity and usefulness. The best instrument I have seen for this purpose is the new *Clyso-pump*, without a piston, of Mons. Naudinot, of France. The superiority of this instrument consists in its forcing the fluid in a continuous stream, as well as its simplicity and cheapness. The great objection to pump syringes generally, is that they throw the fluid in small jets of one or two table-spoonfuls only at a stroke, which from the very slow manner of distending the bowel is apt to produce ineffectual reaction. I have known persons to be disappointed sometimes in their use; not because a sufficient quantity of fluid had not finally been thrown up, but because of the slow intermissions, the fluid seldom afforded a sufficiently reactive stimulus to the bowels. By the instrument, however, which I have named, the distention of the bowel being made more rapidly and continuously, is consequently much more stimulant, and produces much more effective reaction. The common pint pewter syringe, I have found to be a tolerably good instrument, especially when supplied with an elastic jet. It distends the bowel so rapidly and continuously that a nusus for evacuation almost immediately occurs. It is not so convenient, however, for the individual to use himself.

The French frequently administer enemata in a very simple manner, being upon the principle of hydraulic pressure. It consists in putting the fluid to be injected into an elastic or water-proof funnel or hose, three or four feet long, about four inches in diameter at its upper extremity, and about half an inch only at the lower, and capable of containing from three to four pints. To the small extremity of the hose, a common injection tube of metal or horn is attached, which



being introduced into the bowel, the individual himself, or an assistant holds the hose in a perpendicular direction, by which the fluid is propelled into the bowel by its own gravitation. If desired, a considerable impetus may be added to the already existing force of the fluid, by holding up the hose with the left hand, and then gently grasping it with the right, about one third of its distance up, and drawing the hand down towards the small extremity, and thus force and propel the fluid onwards. This is one of the most simple, cheap, and safe instruments I have yet seen. The first one of the kind I ever saw was at the drug store of Mr. Bonnabie, in New Orleans, a number of years ago. Dr. Edward Jukes, of London, the inventor of the stomach pump, has made considerable improvement in this instrument, by supplying it with a loop to hang it up, and a stop-cock, to which is screwed a metallic tube, the other end of which is adapted for introduction. (Vide Plate VII. Fig. 2). He directs it to be used in the following manner:—Having observed that the stop-cock at the bottom is turned, so as to prevent the escape of the fluid, you pour in at the upper end of the hose the fluid intended for injection; and when it is filled within five or six inches of the top, you are to hang it up by the loop, to a hook in the wall of your dressing-room or water-closet, so high that the lower end of the metallic tube will just reach to within one inch of the floor; then place a chair at such a convenient distance as will enable you to lay the tube on its bottom, when you may sit down, and having introduced it, you then turn the cock. He calls this apparatus the flexible *Clysmaduct*.

The gum elastic bottle is a good instrument for injecting the bowels, as it permits of any quantity of fluid, however trifling, being injected with facility. It is especially adapted for travellers.

In New York, in every house in which the Croton water



is conveyed, a very simple and efficient method can be adopted for injecting the bowel. It is only necessary to have an elastic *hose* of suitable length, with an elastic injection tube affixed to one end, to be inserted into the rectum, while the other end should be so arranged as to be easily attached to the Croton pipe. An enema could thus be taken whilst sitting on the water-closet. The injection tube should not be withdrawn until sufficient water has been received into the bowel to cause a strong nîsus to evacuate, without regard to quantity.

All instruments used for the purpose of administering enemata should have elastic gum jets, instead of those made of metal, ivory, bone, wood, &c.; more especially, if the instruments are to be used by the individuals themselves, as they would not be so likely to inflict injury with them, as with the hard and unyielding ones in common use. Previous to introducing the injection pipe into the rectum, the air should always be completely expelled from it, which can be done by filling it with the fluid, by a few strokes of the piston. By not observing this precaution, the bowel will be distended with flatus, which may cause much pain and annoyance.

In this country, there are yet but few people who know anything in relation to enemata, and still fewer who understand the best method of employing them. The operation should take place either in the water closet, or in the dressing room, and as a general rule, need not occupy over fifteen minutes, to go through the whole performance. The use of any one of the instruments I have recommended, renders the administration of this most excellent means so very simple and easy that no difficulty whatever need be experienced by any one in their frequent use. The method which I have found best in the employment of enemata, is to direct the individual to throw up into the rectum, from a pint to a pint

and a half of cold water, every morning after breakfast, and a few minutes before a stool is sought for. The enema, if possible, should be retained about five minutes, which allows sufficient time for softening the fæcal mass and summoning into associated action the bowels and abdominal muscles. Some persons are in the habit of retaining the injection too long—and the consequence is, that not unfrequently, it is not passed at all. In very great torpor of the lower bowel, I always advise my patients to ply the pump till a strong nismus for an evacuation takes place, without regard to the quantity of fluid injected; then a quick, copious and complete clearance of the colon and the rectum generally takes place. In such cases the bowel should always be distended till the contraction commences; to throw up a small quantity and wait fifteen or thirty minutes for the nismus to occur is quite unnecessary, and by no means so effectual.

In some diseases of the rectum, the injection night and morning of about four or five ounces of cold water, or cold flax-seed tea, and retained, will often be found highly beneficial.

#### *Exercise.*

Exercise, and especially walking, as it promotes the due operations of all the functions of the body, so especially does it those of the bowels, the peristaltic action of which it highly favors. If taken early in the morning, it will often produce an evacuation which would not, perhaps, otherwise have taken place. But, alas! how few are either able or willing to devote even thirty minutes, in the early part of the day, to any thing but business or study.

#### *Diet.*

Much depends upon diet in obviating or preventing constipation of the bowels; indeed, it is the great *counter-acter* of constipation: but it is impossible to lay down any general

rules in this respect, or to furnish any one certain or exclusive plan of regimen, in consequence of the various and conflicting idiosyncrasies. Would individuals themselves, however, but pay strict attention to such articles of diet as they really found to agree with and benefit them in this respect; and to such as disagreed with or injured them, they would soon doubtless be enabled, by the information thus obtained, to overcome, as well as prevent constipation, so far at least as diet is concerned.

A laxative diet is an important coadjutant in constipation, and one among the most necessary articles of this character is coarse brown bread. This, if not now, was once the household bread of the English; the *panis impurus vel furfuraceus*, which, according to Pliny, the Romans used exclusively for more than three hundred years; it is the common bread of the hardy Westphalian peasantry; it is commended as a laxative by Hippocrates, the Father of Medicine; the ancient *luctatores*, (wrestlers,) used no other; and if I am not greatly mistaken, there is scarcely a condition of the human body to which it is not more congenial than the *white bread*. In our own country, it is only used by dyspeptics, and even they do not use it exclusively as their "*daily bread*," but generally use the white bread with it.

From late highly interesting scientific investigations, it has been demonstrated, beyond doubt, that *bran* possesses highly nutritive properties. It has been ascertained that although bran contains from five to six per cent. more ligneous substance than fine flour, it presents more nitrogenous matter, twice as much fatty matter, and besides two distinct aromatic principles, one of which possesses the fragrance of honey; and these are both wanting in flour. Thus by sifting, the flour is impoverished in nitrogenous matter, fat, *fecula*, aromatic and *sapid* principles, in order merely to free it from a small portion of ligneous substance. It has, therefore, been

recommended that the bran and the shorts should be ground over again, and mixed with the pure fine flour, as this mixture has been found, by repeated experiments, to yield a much superior bread, and free from the inconveniences of that which in some countries is made of coarse meal.

I have frequently recommended, as a substitute for brown bread, a large table-spoonful of pure bran three times daily, in as much cold water as would make it thin enough to drink.

Ripe fruit is generally of a laxative nature, but all fruit is not equally good for the purpose of obviating or preventing constipation. The best fruit are grapes, strawberries, raspberries, gooseberries, currants, figs and oranges; and these should be eaten at breakfast. The next best fruit for this purpose are peaches, nectarines, pears, apples; and these might be eaten as luncheon. Ripe fruit is certainly not so healthy if eaten after dinner, unless it is baked, or otherwise cooked, then it might properly form a part of that meal. Dried figs, as well as prunes, and dates are valuable auxiliaries in moving the bowels.

The seeds of the white mustard were at one time a quite popular remedy for constipation when caused by a torpid state of the muscular coat of the intestines. A tea-spoonful of the unbruised seeds, morning, noon and evening, is a dose. The seeds of figs, currants and mustard doubtless act like bran, by their mechanical irritation of the mucous membrane of the bowels, and in this manner promote the peristaltic action of the same. Some persons cannot use either of these articles in consequence of their producing too much irritation in the lower part of the rectum.

Bacon broiled on the coals and eaten hot for breakfast, or boiled bacon eaten cold, is much extolled by some for relieving costiveness. A singular remedy, truly! What is most remarkable, however, it is said that the fat of bacon is well and easily digested by dyspeptics generally.



A glass or two of clear cold fresh spring water taken immediately after rising in the morning, and friction of the abdomen with the hands, the flesh brush, or the coarse towel, will materially assist in promoting the peristaltic action of the bowels.

*Early Rising.*

Early rising is favorable to the natural action of the bowels. Seven or eight hours for rest, or about one-third of our existence in bed, is a normal quantity of sleep ; but few, however, can pass all that time in a state of temporary annihilation.

I will now conclude this chapter by giving an anecdote related by Sir Astley Cooper. "An old Scotch physician," says Sir Astley, "for whom I had a great respect, and whom I frequently met in consultation, used to say to me, as we were about to enter our patient's room together, 'Weel, Misther Cooper, we ha' only twa things to keep in meend, and they'll searve us for here and herea'ter ; one is auways to ha' the fear o' the Laird before our e'es, that'll do for herea'ter ; and th' t'other is to keep our boo'els auways open, and that'll do for here.' "



## CHAPTER VI.

### HÆMORRHOIDS—PILES.\*

THIS disease is of great antiquity. It is minutely described in all the early works of the Greek and Roman physicians. Some Biblical commentators affirm, that the “EMERODS,” with which the Philistines were so sorely afflicted, as recorded in the fifth and sixth chapters of first Samuel, were hæmorrhoids of a most severe and aggravated kind.† Be

\* The term *Hæmorrhoids*, which is from the Greek, and literally signifies a *flowing of blood*, and in this general sense was it originally used, is derived from one of the symptoms merely of this disease—that of bleeding whilst evacuating the bowels. The term, therefore, is not well adapted to convey a very clear and correct idea of the nature of this disease, inasmuch as it is frequently unattended by any discharge of blood whatever. Custom has, however, sanctioned its use in a particular sense, namely, as synonymous with *Piles*, which is the common vernacular designation of tumors about the anus. No very great inconvenience, however, can arise from its adoption, as its meaning is now entirely limited, by common consent, to the peculiar affection of the rectum, which will be described in this chapter.

† Webster defines *Hæmorrhoids* to be “A discharge from the anus; the piles; in scripture, ‘*emerods*.’”

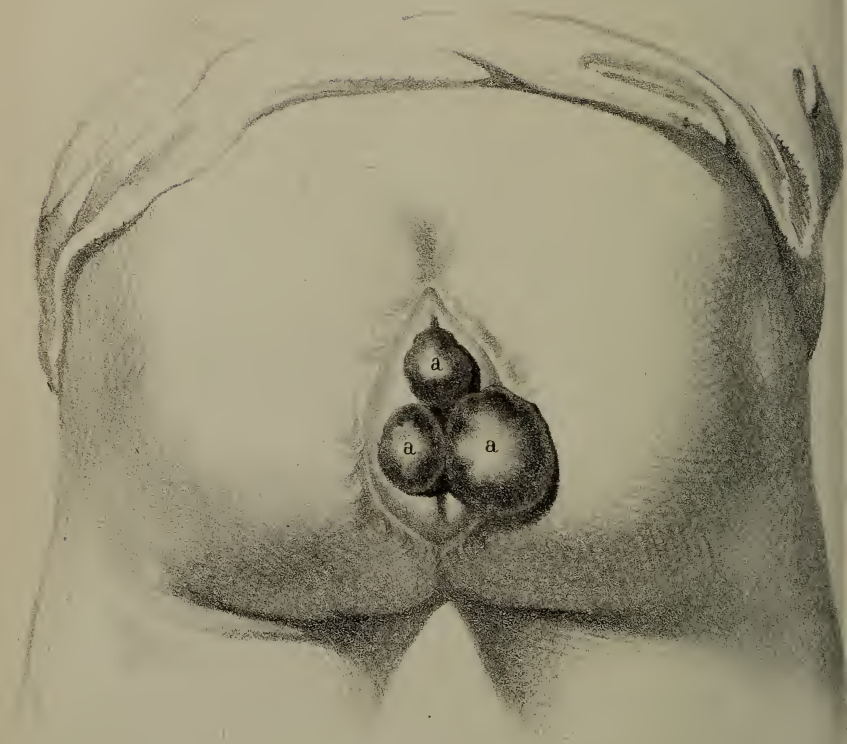
Sanctius, on the 6th verse of the 5th chap. 1st Samuel, says, “In summa morbus est, qui illam præsertim corporis partem infestat, per quam confecti cibi reliquæ et sordes æguntur quas græci *hæmorrhoides*; Latini, *ficus* aut *mariscas* appellant.” He however says that what befel the Philistines, was something even worse than mere hæmorrhoids.

The Hebrew word is “Apholim,” which by modern interpreters is translated in Latin, *ficus* or *mariscas*, that is *piles*, or hæmorrhoids.

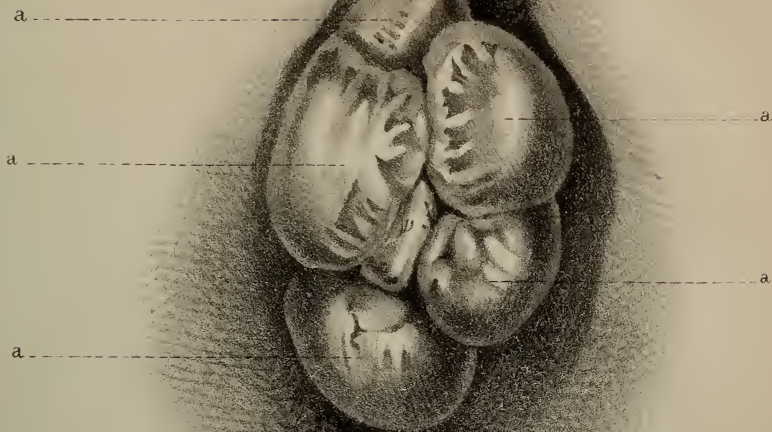
Sanctius also says, on the ninth verse of the same chapter, that the Septuagint Chaldaic and ancient Spanish version explain “apholim” by “hæmorrhoids.”

Cornelius A. Lapidè represents that this disease was “Fistula in Ano.” Josephus says, “it was a peculiar kind of dysentery.”

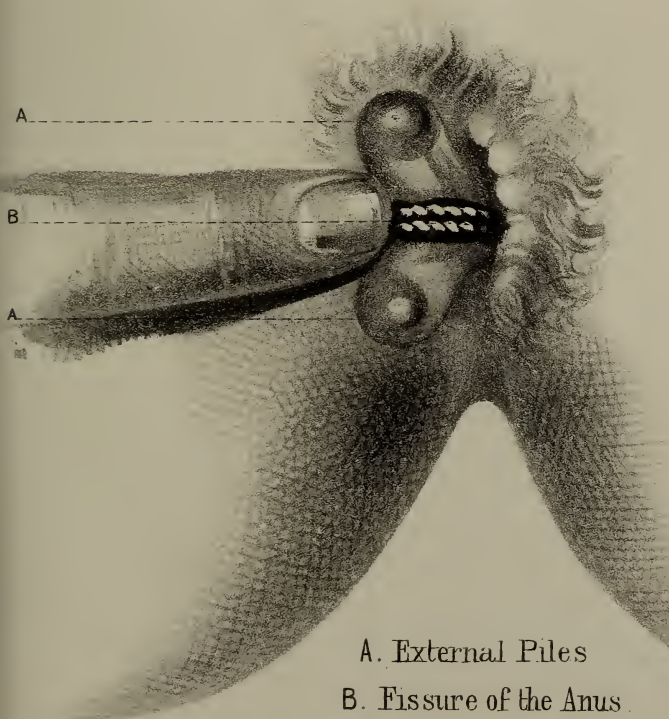




a . Internal Piles Protruded.



a. Internal Piles  
Protruded



A. External Piles  
B. Fissure of the Anus





this as it may, it is doubtless a very ancient disease, and one that has caused much annoyance, and still continues to interfere greatly with the comfort, the convenience, and the happiness of thousands. The number of persons laboring under this vexatious disease, in our own country, is immense. The ratio in the west and south, is about one in every ten.

### *Description of Piles.*

From the causes which will be named hereafter, the vessels of the anus and rectum become preternaturally distended with either blood or serum, which, in course of time gives rise to hæmorrhage, to the formation of tumors, or spontaneously subsides, being generally attended with an inflammation and a mucous discharge. This congestion of the vessels is evidently the primary and substantive disease. The tumors, which are one of its consequences, have been divided into *internal* and *external*; the former being situated *within*, and the latter *without* the anus. (*Vide Plates II, III.*) Some have also distinguished them into *bleeding piles*, such as discharge blood, and into *blind piles*, such as do not discharge blood. An appropriate distinction, and one which is seldom or

Aquila, in the seventh century, translated it "Cancer."

This disease is mentioned by Herodotus, who calls it *Theleia*, that is *papilla*, which means pretty much the same as *marisca*. *Theleia* comes from *Thele*, the apex of the "Pap," and by similitude, tumors arising on the body from vicious humors, (as was supposed) were called *papillæ*. Hence Serenus, speaking of that disease, in which the seat, or anus is swollen, says, "Excruciant turpes anum si forte papillæ."

Lyra, Abulensis, Gregorius, Sanctius, and other distinguished and learned commentators, think that the Philistines, besides being afflicted with hæmorrhoids or piles, had their intestines to emerge, hang down, and at length putrify. The Latin text of the ninth verse has "Et computrescebant, prominentes extales eorum."—and their projecting entrails became putrid. The Hebrew has for *extales* "Apholim," and represents that the "Apholim," or vicious tumors, were *hidden*, or *unknown* to them, which Vatablus and Rabbi David (and even Isidorus, seemingly) explain to mean, that the plague of piles or hæmorrhoids, was again drawn into the interior of the body, and thus hidden.

ever noticed is the division of these swellings or tumors into *sanguineous* and *serous*—that is, into those which arise from a deposition of blood, and those which arise from a deposit of serum, beneath the skin. The former are opaque and of a comparatively dark color, the blood often evidently shining through the skin. They are generally of a firm consistence and of slow formation: the latter are of a pale color, almost transparent, highly elastic, easily compressible, soon produced and most always external. The sanguineous, or those produced by a deposit of blood, usually occur in the strong and the healthy; whereas the serous, or those produced by a deposit of the watery portion of the blood, are more apt to arise in the weak and the irritable. The best division, however, and that having the most practical bearing, is into *functional* and *structural*; or, in other words, into *accidental* and *permanent*.

Whatever opinions may be entertained, and they are indeed many and various, with regard to the essential nature of these tumors, yet all agree that sooner or later, their contents coagulate—they become solid, and their coats increase in thickness; changes, which greatly modify and obscure their first organic alteration. These are what we call *permanent* or *organized* tumors. The accidental or primary tumors are generally easily compressible: and at an early stage, can be easily made to disappear altogether by proper means. Persons who labor under this kind of piles, may, for months, feel no uneasiness whatever; but at length, from some cause, they will take what they call “a fit of the piles.” They will suffer the most excruciating pain when stooling, and for several hours after—caused chiefly by the involuntary and violent spasm of the sphincter muscle on some of the tumors about the anus. There will sometimes be a coldness, or languid circulation in the extremities, especially in the lower; nervous or neuralgic pains in the head, neck, and along the

spine; sometimes attended with vertigo—dull throbbing pain in the rectum, with increased heat, straining and mucous discharge; palpitation of the heart; a feeling of weight in the back, hips and groin; weight and pain in the forehead; flatulence, scanty and high colored urine, with a frequent desire to avoid it and fæces; sometimes there is profuse bleeding. These attacks generally continue four or five days, and then disappear, as suddenly as they came on; leaving nothing where the tumors were, but some shrivelled membrane.

The *permanent* or *organized* piles, produce, in many instances, a degree of inconvenience which interferes most seriously with the active duties of life. Itching of the anus, is, perhaps, one of the earliest symptoms; a sense of heat and fullness of the rectum; sometimes fever and great local uneasiness; the patient will suffer the most severe agony whilst stooling, and the tumors, whether internal or external, will become swollen, tense and extremely tender; so that they can scarcely be touched; they sometimes have quite a pulsation in them. When the internal tumors are much swollen, they will fill up a large portion of the cavity of the bowel, and excite a sensation as if some foreign substance was in it. Sometimes the tumors bleed profusely, which immediately relieves all the local pain and irritation: sometimes, however, they bleed more or less at each evacuation of the bowels, without affording but partial relief. The hæmorrhage usually occurs during defecation, but may, however, take place either before or afterwards. The appearance of the blood is of a bright vermilion color; it is fluid, and usually runs in a stream, the amount lost at each stool, varies from a teaspoonful to a pint. I have seen patients having neither internal nor external tumors, discharge several ounces of blood at each evacuation of the bowels, and experience no pain or uneasiness whatever. When the bleeding once takes place in a

patient, it almost universally returns, and the repeated losses of blood progressively lessen the powers of the system, and introduce habits which, unless promptly attended to, often result in the most serious consequences. The hæmorrhage sometimes takes place at every protrusion of the tumors, the blood being projected in continuous jets, from the round openings in the ends of one or more of them, and is often so profuse as to occasion fainting, and even to imperil life by the mere loss of blood.

When the bleeding takes place from the intestines high up, it is manifested by the blood being black, coagulated and mixed with the fæces; whereas, when it takes place in the rectum, and from piles, it is never mixed with, but may cover the fæces, and is fluid. This is important and should be remembered.

In cases of excessive hæmorrhage, and especially when it becomes habitual, the constitution sooner or later suffers, and a train of unpleasant symptoms arises. The complexion of the patient becomes sallow and dingy, and presents a peculiar tallowy or waxy appearance; his countenance is always pale, heavy and bloodless; his eyelids are puffy; his lips and gums are blanched; his tongue is pale and semi-transparent; his pulse is quick, weak and jerking; his breathing is difficult, particularly when ascending steps; the heart's action is easily excited, and palpitates violently, by either slight bodily exertion, or mental agitation; he frequently suffers from headache, especially when sitting up, which is most always entirely or partially relieved by the horizontal posture; his sleep is disturbed; his temper becomes irritable and peevish; he is listless, and a deficiency of physical and mental energy supervenes; and finally as the result of his anæmic, or bloodless condition, œdematous or watery swellings of the extremities take place.



*Extraordinary cases of Hæmorrhage from Piles.*

Numerous and well authenticated cases might be cited to prove that death has often been caused by the mere loss of blood from hæmorrhoids. Borden as well as Benj. Bell, mentions cases of this kind. It is said that both Arius and the celebrated philosopher Copernicus perished from this cause. The quantity of blood that sometimes escapes in cases of this kind, is very great; yet I have never seen such a case, that the patient's general health was not at once most seriously affected by it. Many writers, however, have related cases, in which, notwithstanding, there was an enormous discharge of blood daily; yet these persons continued to enjoy excellent health, which would appear almost incredible. The relation of such cases, however, should in my opinion, be received with a considerable degree of allowance, as the amount of blood lost, is doubtless often greatly exaggerated. Patients are exceedingly apt to imagine the hæmorrhage to be much more profuse than it really is, from the alarm which is generally caused by the mere sight of blood; the great show, too, which even a small amount of blood makes on the linen and cloths, and its admixture sometimes with other fluids, also imposes on their imagination or inexperience.

Montanus, according to the report of Schwevcher, saw a patient who had passed two pounds of blood for forty-five successive days, and finally recovered. (*Append. Consilior Montani*, p. 59, *Basil*, 1588). Cornarius mentions the case of a gentleman, who after drinking freely of Hungarian wine, lost two pounds of blood from the nose, and six pounds on each of the four following days from the anus. Nevertheless he got well without any remedy. (*Observ. Med.* 26.) Pomme gives the case of a man thirty-six years of age, of an atrabilious temperament, who for a long time had been subject to an excessive hæmorrhoidal flux, for which he tried



many remedies without obtaining relief. At length, having adopted the idea that it had a venereal origin, he underwent an antisyphilitic course of treatment, in consequence of which the flux disappeared. However, he was soon attacked with distressing symptoms of cholera, when the hæmorrhage reappeared. During a month he lost nearly a pound of blood daily, which was followed by colic, pains of the face and extremities. By a generous diet, nutrient injections, and cold baths, the hæmorrhage was arrested, and exercise on horseback rendered him convalescent. (“*Traites des Maladies Vaporeuses.*”) Lanzoni cites, the case of a priest who daily passed a pint of blood per anum. (*Consult. Med.*, 97. *Oper.*, tome ii. p. 203.) Ferdinand says that a girl twenty years of age, of a sanguineous temperament, sedentary habits, and endowed with much vivacity, in consequence of a violent chagrin, arising from jealousy, became affected with hæmorrhoids, and for many months daily evacuated about half a pint of blood while at stool. The menstrual discharge ceased, her face became pallid and œdematous. Under proper treatment, she perfectly recovered. (*Hist. Med.*, 16, p. 40.) Panarola knew a Spanish nobleman who, for forty years, rendered each day a pint of blood per anum, and at the same time enjoyed perfect health. (*Observ. Med.*, *pentec. ii.*, *Obs.* 46.) Harris saw a widow of meagre frame and bilious temperament, lost upwards of four pounds of blood from hæmorrhoids in a few hours; during the night, she nearly died from exhaustion. However the bleeding was arrested by the application of cloths soaked in spirits of wine. (*De Morbis Aliq.*, *Gravior. Obs.* x.) Bozelli mentions the case of a tailor, who lost as much as ten pounds of blood at a time. This man was nevertheless vigorous, and of a jovial character. Bozelli diminished this flux by means of the syrup of roses. (*Observ. Med.*, 44.) Spidler saw a potter, who after having suffered for a week with pain in the

loins, was seized with violent colic, and severe vomiting. A cathartic was administered, which relieved him; but he passed from twelve to fourteen pounds of vermilion colored blood from the anus, in twenty-four hours, each dejection being accompanied by a slight colic pain. After many remedies were tried in vain, the hæmorrhage was arrested by a stimulating injection. Hoffman says he saw a widow, fifty years old, of a very full habit, who, in consequence of an indolent course of life and full living, was, for eight years, subject to hæmorrhoids; at the same time she continued to menstruate. The uterine discharge having ceased, and being blooded but once, she was seized towards the autumnal equinox, first with lassitude, and then with coma, for which she was bled in the foot, and took cold water in large quantities without any benefit. At the end of two days, however, a stimulating lavement was administered, when an excessive flux of blood occurred, amounting in twenty-four hours to more than twenty pounds; the consequence of which was a cessation of the coma. Her strength gradually returned by the employment of invigorating and gently astringent remedies, together with enemata of cold water. Smetius relates a case of a man forty years of age, who passed per anum at least thirty pounds of blood in two or three days. He was cured by a tonic plaster. (*Miscel. Med.* 1, 4, *Epistol.* 9, p. 222.) Pezold speaks of a Saxon chevalier, who in one attack, lost sixty-four pounds of blood. (*Obs. Med. Chir.*, 51.)

Dr. Bushe, from whose valuable work on diseases of the rectum, I have selected the preceding cases, says that, "There can be no doubt in the mind of any rational man, but that these statements abound with exaggeration."

#### *Mucous Discharge Consequent upon Piles.*

A mucous discharge is a very frequent and a very annoying accompaniment of the hæmorrhoidal disease; it varies.

much, both as to quantity and appearance. When there is an active or high state of irritation of the mucous membrane of the anal canal, caused by piles, the mucous secretion is watery, resembling a thin solution of gum arabic ; it is often quite acrid, producing excoriation of all the surrounding parts with which it comes in contact ; it constantly exudes from the anus soiling the patient's linen, and sometimes even running down his legs ; and often constitutes the chief source of his discomfort. When, however, there is a chronic irritation of the mucous membrane existing, the secretion is gelatinous in appearance and resembles the white of an unboiled egg, or frog's spawn. If the discharge is tenacious and moderate in quantity, it is passed at stool only ; but if it is profuse, any exertion, such as walking, running, riding either on horseback or in a carriage, and even laughing, coughing and sneezing will cause its ejection. I might have said that it sometimes resembles currant jelly in color.

*The Form, Size, Color and Density of Piles.*

Hæmorrhoidal tumors vary very much in form, size and color. When they are highly inflamed, they are red or purple, tense and hard ; but when they are in an indolent condition, they are more or less pale and flaccid. Some are hardly larger than a pea, whilst others exceed a hen's egg in size. They generally have a broad base, but sometimes they are pedunculated. Pile tumors sometimes have the form and appearance of strawberries, mulberries, raspberries and large purple grapes.

*Brodie's Description of Piles.*

The eminent Sir Benjamin Brodie describes the hæmorrhoidal disease in the following manner. He says that, "The veins of the anus, at first become simply dilated ; repeated attacks of inflammation cause an effusion of lymph into the adjacent cellular texture ; and then the pile appears like a

solid tumor." He continues further to remark—"A patient consults you, complaining of swelling, pain and tenderness in the neighborhood of the anus. You examine the part, and find on its verge a number of tumors, about the size of the end of the thumb or finger, with broad bases, not very distinct from, but running one into the other, covered by the common integuments, and of a more or less purple appearance. If you cut into one of these tumors, there is immediately a flow of venous blood, such as might arise from a cut anywhere else. On making a section of the tumor, it presents to the eye the appearance of dilated and tortuous veins. In fact you cannot doubt, that they are dilated veins; they are exactly like varicose veins of the leg. The tumors I have described, are situated below the sphincter muscle, and we call them *external piles*." Of internal piles, the same author observes, "Another patient consults you, complaining also of a swelling at the anus, accompanied by pain and tenderness. You examine the part, and find a number of tumors of a different kind. These too have broad bases, and run one into the other, forming a circle which projects below the anus. They are covered, not by the common integument, but by the mucous membrane of the rectum, protruded from above the sphincter muscle. On making a section of one of these tumors, there immediately flows venous blood, and arterial blood may flow afterwards. On looking at the divided surface, it is evident that the tumor was composed of a large tortuous vein. It is the accidental enlargement of these tumors, which causes them to protrude externally; but they are formed above the sphincter muscle, and we call them *internal piles*, or hæmorrhoids."—(*Clinical Lectures on Surgery*, p. 306. Philadelphia, 1846).



*The Causes of Hæmorrhoids.*

The causes of hæmorrhoidal affections are multifarious, but they all doubtless act much in the same manner—that is, by preventing or retarding the free return of blood from the inferior mesenteric vein. They may all be classed into *predisposing* and *exciting*.

Among the predisposing causes may be named the peculiar dependent situation of the hæmorrhoidal veins; hereditary disposition; a morbid condition of the digestive organs; age; sex; climate; period of year, &c.

I have elsewhere shown the dependent position of the veins of the extremity of the rectum, their comparatively large size, the little support they receive from the loose cellular membrane of the anal region, and their entire destitution of valves. The blood gravitates to the rectum whenever the body is erect; so that, under the most favorable circumstances, these veins are exposed to more strain and pressure than any others of the body; in consequence of their absence of valves, the whole weight of the column of blood in them reaches from the liver or the heart, without interruption downward. The main channel again, for the return of the blood from the bowels, is through the liver, and it is scarcely necessary to observe, that every disturbance of the functions of that organ acts as an impediment to the passage of the blood through it, and tends in the same degree to increase congestion of the vessels of the lower bowel. These several circumstances dispose those vessels to become gorged and dilated with fluids from the slightest exciting causes; and thus lay the foundation of this troublesome and painful disease.

A hereditary tendency to this complaint is often traceable. I have seen children of hæmorrhoidal parents whose ages varied from six months to six years, who had piles, a very



unusual age for the appearance of the disease ; thus proving the early manifestation of the hereditary predisposition.

It is a fact that cannot be controverted that a similarity of conformation of the parts, favorable to the development of the disease may be transmitted from father to son, and which may contribute indirectly to the production of hæmorrhoids, by favoring the operation of any exciting causes that might at any time exist. Whether there is, or is not, however, a general predisposition inherited, independent of the particular structure of the parts, is a question I am not so well prepared to answer.

A disordered state of the digestive organs, with its consequent train of evils on the lower viscera, is a frequent predisposing cause of the hæmorrhoidal disease.

Mature age is that in which the hæmorrhoidal affection usually manifests itself. It is at this period of life that the anal region is peculiarly susceptible of sanguineous engorgements ; the venous system is fully developed, and the circulation is less rapid ; the bilious temperament and the depressing passions also pertain, for the most part, to those of this age. In early life the head and chest are the parts of the body that are most subject to vascular repletion. Of upwards of two thousand cases which came under my immediate and especial notice, I ascertained to a certainty that in three fourths of them, the disease had manifested itself between the ages of thirty-five and forty-eight.

Males are doubtless much more liable to the hæmorrhoidal disease, than the other sex, and this is in accordance with my own experience ; yet it is a question concerning which there has been considerable diversity of opinion. The disciples of the celebrated Stahl maintained that the male sex is much more frequently affected with the piles than the female, and this is in accordance with what, physiologically speaking, might be expected ; for the menstrual discharge

peculiar to the latter would appear to be sufficient, so long as it continues, to completely relieve the system of any superfluous blood. Many eminent medical men, however, are of opinion, that females are much more liable to this affection than males. Be this as it may, one thing is certain, and that is, that females, at two periods of their lives, are more liable to hæmorrhoids than males—namely, during pregnancy, and at the cessation of the menses. In this latter case the frequency of this disease may be attributed to the change that has taken place from the suspension of an important function; in the former case, to causes that act mechanically, and whose operation is evident—namely, to the pressure, in part, of the fœtus, in advanced pregnancy, against the blood vessels.

It is by no means unusual for females to have, at each menstrual discharge, an attack of piles, both coming on simultaneously, and both subsiding together in a few days. I have seen cases in which the menstrual discharge had ceased for several months, and the patient during the time had regular periodical attacks of bleeding piles, which appeared, for the time being, to be a complete substitute for the menses. Sometimes the menstrual discharge and the hæmorrhoidal, regularly alternate with each other.

The spring of the year is the period considered most favorable for the development of the hæmorrhoidal disease, for it is during this season that the mass of the blood is always increased, in consequence of the secretions during the winter having been diminished; and the absorption of caloric, it is well known, expands the blood. At this delightful season, too, the whole phenomena of life are most active.

Many are of opinion that warm climates dispose to the hæmorrhoidal disease. The celebrated Montegre believed that they operated by inducing the bilious constitution. This is doubtless true, especially with regard to those who

leave the north and reside for several years in a southern climate—such are extremely liable, sooner or later, to be afflicted with piles. I have, however, been much surprised at the large number in the northern portion of the United States, who are suffering from this disease. It is accounted for, by some, to the very severe and changeable weather of the north, and attributable to the accumulation of blood in the internal organs, when the surface of the body which has been hot, becomes rapidly chilled down by the sudden reduction of the temperature. The nature and the temperature of the atmosphere, it is evident, have no inconsiderable influence in combination with other causes, in the production of hæmorrhoids; but I am of the opinion that this influence bears no comparison to the circumstances with which it is connected—namely, the peculiar character of the food of which the inhabitants of different nations, or parts of country, partake, and the peculiar manners, customs and habits to which they are subjected.

Among the principal *exciting causes* of hæmorrhoids, or those which have an immediate and direct operation, may be classed the following:—A torpid, and consequently a constipated state of the bowels. The circulation of the blood in the capillary system of the intestines, is very materially aided by the peristaltic motion of the bowels, especially of the rectum; hence, whenever this action is less than natural, it gives rise to local irritation and congestion in various ways, and results in the disease in question. When the fæcal matter is long retained in the colon, or the rectum, it becomes altered in respect to its chemical properties, so as to produce very great irritation of the mucous membrane, and thus cause an afflux of blood toward it. The fæces also, in these cases, often become exceedingly indurated and impacted, in consequence of which the free current of the blood is greatly interrupted by

the compression they produce upon the hæmorrhoidal veins; the violent and prolonged efforts at their expulsion, too, force down the mucous membrane of the rectum, and engorge with blood its vessels.

The frequent use of purgatives, such as act chiefly upon the rectum, produces great irritation. Aloes, colocynth, scammony, gamboge, calomel and salts, are among those purgatives which occasion the greatest influence upon the vessels of the rectum. The irritating effects of aloes are such, that even a moderate dose will almost invariably produce the piles. The frequent use of warm, as well as stimulating rectal injections. The introduction into the rectum of suppositories composed of irritating substances. Worms nestling in the rectum. Irritating applications to the anus after stooling. Filthiness of the anal region. Constant sitting. Violent horseback exercise. Lifting heavy weights. Sudden and violent exertion. Dysentery. Diarrhœa. Development of tumors in the vicinity of the end of the rectum. Prolapsus of the womb. Prolapsus of the rectum. Enlargement of the prostate gland. Stricture of the urethra. Stricture of the rectum. Stone in the bladder. Hernia. Tight lacing. Sitting much on *pierced seats* is the occasional cause of this affection. Such seats not only leave the anus unsupported, and allow the blood to gravitate without resistance, but in consequence of the pressure on the surrounding parts, the circulation is obstructed. The continued use of high-seasoned and stimulating food. The free use of the heating wines, such as champagne, &c. The intemperate use of spiritous drinks generally. Hurried and excessive straining efforts at stool, is quite a frequent cause of piles. The application of leeches to the anus. Local irritation produced by disease in some other part of the body. The passions, rage, fear, sorrow, restlessness, ennui, &c., also powerfully influence and keep up this disease. Sedentary habits tend greatly to the pro-



duction or hæmorrhoids; hence the disease is much more common in the higher classes of society, owing to their free living and their sedentary habits. They generally take but little exercise, and hence are more liable to constipation of the bowels. The lower classes live on simple diet, and take much exercise in the open air.

Mr. Calvert, who travelled both in Greece and Turkey, says that, "The great frequency of hæmorrhoidal diseases among the Turks, may be traced to the indolent habit of sitting, during almost the whole day, on warm, soft cushions; to the peculiarity of their diet, which in addition to their general habits, often produces an indolent and torpid state of the bowels; and, perhaps, also to an excessive indulgence in venery." (*A Practical Treatise on Hæmorrhoids, &c. By George Calvert, M.D., p. 60. 1824.*) "Hoffman, who practised forty years in Saxony, observes that hæmorrhoidal affections had greatly increased in his time, from the progress of luxury and the increase of idleness and sedentary habits. A confirmation of this remark is found among people who have led an active life, till a certain period of life, when, on leaving off business, and indulging in repose, they have become, for the first time, affected with piles." (*Medico-Chirurgical Review, Vol. VI., p. 286. April, 1825.*)

These are some among the frequent and familiar agents in producing piles. Many of these causes, however, which, in excess, produce the hæmorrhoidal disease, or dispose to it, may, if applied with moderation and judgment, contribute very materially to their prevention and cure.

### *Diagnosis of Piles.*

The diagnosis of this disease is by no means difficult; yet, strange to say, almost every disease of the anus and rectum is confounded with it, or termed piles, by a large majority of persons—many even in the profession. It is, therefore, highly



important to know how to distinguish the hæmorrhoidal disease from all others of the same parts, as the want of such knowledge often leads to the most serious results. No person, however, who will read this chapter carefully from beginning to end, need ever make this mistake. Hæmorrhoidal tumors are more liable to be confounded with prolapsus of the rectum, polypi of the rectum, and enlargement of the prostate gland, than any other diseases of those parts.

A pile is an accidental growth, such as I have already described, attached almost always internally to the lining membrane of the rectum, but entirely distinct from, and in no wise involving it, as can be demonstrated at any time by making the examination when the lining membrane is in its natural situation, being neither elongated nor everted.

There is one peculiar form of prolapsus of the rectum which would most likely be mistaken for piles, and that is the one in which there is a flap of membrane protruded on each side of the anus, and which, from their having been forced down and up so often, have become quite thick, rough and sometimes even hard. However, the semi-lunar form of these flaps, the extent of their base, and their entire freedom from sudden erection or collapse, are characteristics so opposite to those which have been described as pertaining to piles, that even a superficial examination will enable any one to distinguish between them. For a full description of prolapsus of the rectum, see the chapter on that disease.

Polypi of the rectum very much simulate piles; and may be distinguished from them, by their very soft, delicate and spongy feel, their very pale red color, their incapability of sudden erection or collapse, and their very slow growth. For a full description of polypi of the rectum, see the chapter on that disease.

Enlargement of the prostate gland may also be mistaken

for a hæmorrhoidal tumor. It may be easily distinguished, however, by inserting the finger into the rectum, when the enlarged gland will be distinctly felt, just behind the neck of the bladder, as a hard, firm and immovable body.

*Should Hæmorrhoids be Radically Cured?*

It was the opinion anciently, that hæmorrhoids were a salutary provision of nature; an effort of the *vis naturæ medicatrix*, for the advantage of the constitution; hence their cure or suppression was very much dreaded. Many of these notions, it is true, have long since passed away; yet it is astonishing how many are still advocating them. But inasmuch as it is a most painful and disagreeable disease, arising in most cases from known local causes, the cure of it should not by any means be delayed even a day or an hour, as it is so very liable at all times, to cause or terminate in, some other more serious disease, such as fistula in ano, of which I have seen numerous cases; ulceration of the rectum; prolapsus of the rectum; stricture of the rectum, a most dreadful disease. Sometimes it produces the most obstinate leucorrhœa (fluor albus); also, fissure of the anus, one of the most painful diseases of these parts. I have seen the most violent paroxysms of neuralgia of the anus and of the spine, caused by the piles; and even cancer of the rectum may be caused by an old indurated pile tumor.

Let no one then persuade the unfortunate who are suffering from this disease, that their painful and disagreeable infirmity is a salutary emunctory—a “*safety-valve*,” and the very guarantee of health. Such a doctrine, as a general rule, when applied to this disease, is highly pernicious, and often leads to the most serious and fatal consequences.

Although I have recommended that the cure of piles should not be delayed, for the very best of reasons, yet there may be some few exceptions, cases in which it might not be pru-

dent to meddle; those for instance, who have a regular periodical bleeding, much like the menses in women, who are not too much debilitated by it, nor injured in their general health in other respects. In such persons it might not be prudent to suppress it, as it may, perhaps, supply some other evacuation which nature either ceases to carry on, or does not furnish in due quantity. It would also be imprudent to interfere with this disease in persons in whom it has appeared suddenly, on the suppression of either of the following hæmorrhages, *epistaxis*, (bleeding from the nose); *hæmoptysis*, (spitting blood, or bleeding from the lungs); *hæmatemesis*, (vomiting blood, or bleeding from the stomach). If in either of the preceding hæmorrhages, the patient is improved by the supervention of hæmorrhoids, then they should not be interfered with. The same rule will apply in all cases where there is a full, plethoric habit, and a predisposition to apoplexy, to headache, and to vertigo. In females, too, who have ceased to menstruate, especially those of a plethoric habit, the system sometimes immediately after, becomes surcharged with blood. If, under such circumstances the bleeding piles should supervene, the hæmorrhage might be looked upon as a fortunate circumstance, as it might in this way be the means of warding off the attack of some more serious disease. The piles, however, in any of those cases, should they have been cured, can very easily be *reproduced*, if desirable, by resorting to some of the numerous patent pills of the day, as they all contain more or less aloes and other drastic ingredients.

*Equitation and Cold Water as Preventives of Piles.*

The celebrated surgeon Baron Larrey, of France, highly recommended horseback exercise as a preventive of the hæmorrhoidal disease. I have myself witnessed the most happy effects of the same exercise, in several instances. The

patients were greatly troubled with congestion, or fulness of the blood-vessels of the anal region, and predisposed to hæmorrhoids. The pressure of the saddle in these cases, appeared to exert a most salutary influence in removing the congestion. I doubt, however, whether any confirmed case of hæmorrhoids could be radically cured by horseback exercise alone. At least I have never seen such. I have also witnessed the good effects of cold water applied to the parts in the form of an ascending *douche*, both as a preventive and a palliative in this affection. But neither of these most pleasant means are generally sufficient of themselves to effect a radical cure of the disease, which should always be the first consideration of the patient and the surgeon.

“It was long an opinion among the ancients and moderns, that riding on horseback was prejudicial to hæmorrhoidarians. The fact is just the reverse. There is not a more certain preservative from piles, than regular horse exercise. But if a person unaccustomed to equitation, takes this exercise in a sudden and violent manner, especially if he have the piles in the least protruded at the time, then he may suffer from what at another time, and more judiciously managed, would prove an excellent preventive. This fact is substantiated by our cavalry surgeons—and we need only refer to the testimony of Baron Larrey on this subject, for ample proof of the position laid down. Larrey was long in the habit of causing soldiers affected with piles, to ride on horseback at full gallop; and he avers that he never saw any bad effects follow, but generally on the contrary, the most salutary consequences.” (*Medico Chirurgical Review*, vol. VI. Jan.—April, 1825, p. 289.)

The talented and lamented Montegre, in his invaluable treatise, has also recommended horse exercise in moderation, as a powerful means of preventing and curing hæmorrhoids. He also recommended cold water, either as a lotion, a



"*douche ascendante*," or an injection, as a preventive and sometimes as a cure. He gives two cases that were cured by the "*douche ascendante*," which is throwing water forcibly, by means of a syringe, against the anus.

CASE 1. A man thirty-four years of age, of good constitution, but hæmorrhoidiary from an early period, had during the last few years, experienced long and painful attacks of the complaint under consideration. The last attack had now continued three months, without any relief from pain, though a great number of remedies had been used in vain. Each evacuation was followed by the excruciating pains already described, so that the poor man was often deprived of sleep for whole nights together, was reduced to despair, and almost entirely abandoned food, for fear of the sufferings attendant on the evacuation of the fæces. In this state, he commenced the use of the "*douche ascendante*," by means of a syringe with a crooked pipe. The first effect of this application, was a diminution of the pains, and a reduction of the hæmorrhoidal tumors, so as to be reducible within the sphincter. The process was continued for three or four days, and the pains ceased entirely. He has now been five years free from complaint.

CASE 2. A man forty years of age, of plethoric constitution, had been ten years affected with internal piles, without any discharge. A sedentary life, without any regular rest for some months, had caused an hæmorrhoidal swelling, attended by inflammation, and finally by ulceration. To this state was added the excruciating pains in question. Having a water-closet of English construction, he contrived to have the jet of water thrown against the anus, which gave him instant relief, for a time. He renewed the application every time the pain came on, which was sometimes very often in the twenty-four hours, and always with the same effect.



By persevering in this plan a month, or six weeks, the ulcerations healed, the hæmorrhoids disappeared, and the pains ceased.—(*Des Hemorroides, ou Traite Analitique de Toutes les Affections Hemorroidales, Deuxieme edition, Paris, 1830.*)

*Medical Treatment of Piles often Empirical.*

One would suppose that so ancient and so common an affection as the one under consideration, one which causes so much suffering, too, and one which is constantly falling under the immediate observation of every physician, would at this day be well understood by the profession generally; that every thing in relation to its anatomical characters, its pathology and its treatment, would be clearly made out, and well defined. But, in reality, the very reverse of this happens to be the truth. So far at least, as the medical treatment is concerned, it always has been, and still is, to a great extent, highly empirical; and frequently no better reason can be given for the use of a remedy, than that it has *sometimes* succeeded. Hence the multitudinous, contradictory, and useless means now resorted to, for the cure of piles. The category of the mere medical measures of the present day, for the cure of this disease, I have neither time nor inclination to sum up. The following, however, are a few of them: the ointment of galls, and a thousand and one other salves; Ward's paste; Hay's liniment; various kinds of suppositories; cream of tartar and flour of sulphur; aloes; Upham's Electuary, &c. &c. It is true that some of these means may occasionally afford relief, at least temporary, but they never cure the disease; they never remove the cause; and should the patient get well, it would certainly not be owing to the remedy. In all cases in which the hæmorrhoidal tumors are regularly organized, of long standing, are either indurated, ulcerated, or are the source of excessive hæmorrhage, it is from the *surgical treatment*, that the greatest amount of good

is to be experienced. Medical means, or general treatment, may sometimes remove the disease in its early and forming stage, but it is chiefly to surgical measures that the patient will ever be indebted for a complete and radical cure of his disease.

*Superstitious Treatment of Hæmorrhoids.*

Various superstitious notions, such as charms, incantations, invocations, &c., have also from time to time been put into requisition for the cure of piles, doubtless owing to the usual empirical practice in this affection. Monardes mentions the *lapis sanguinaris*, (blood stone,) found in Mexico, as being put in rings and worn on the fingers of those who were afflicted with hæmorrhoids, for their relief. Van Helmont affirms that he had a metal, of which, if a ring were made and worn, not only the pain attendant on hæmorrhoids would cease, but that in twenty-four hours, whether internal or external, they would vanish altogether. When the practice of medicine was confined to priests and monks, as it once was, particular diseases were appropriated to particular saints; indeed, at one time, the whole *divi* and *divæ* of Catholicism, were exercising the benevolence of divine power in the cure of diseases, especially during the prevalence of such as excited forcibly the fears of men. Not a saint, male or female, of the Christian calendar, could then have been named, who had not been invoked, and if we believe their votaries, successfully too, for the cure of diseases. Among the numerous medical saints of those times, was the celebrated Saint Ficarius, who was famous for curing the piles, as well as all other diseases of the anus. In our own enlightened day and age, the horse-chestnut, or buck-eye, fruit of the *Æsculus*, is carried about the persons of those who have piles, for their cure. I have often been astonished to hear intelligent persons extolling, in the most eloquent manner, the superior virtues of this divine remedy. The stock of cre-

dulity, however, in this world is inexhaustible. In the spring of 1850, I cured Mr. J. L. T——, of New Orleans, La., aged fifty-five years, of a fistula in ano, and removed three large hæmorrhoidal tumors of twenty years standing. After I had cured him, he presented me with two Spanish Buckeyes, as he called them, which he had carried in his pockets fifteen years, and for which he had paid five dollars apiece. He still maintains that, although the buckeyes did not cure the piles which resulted in a fistula ani, yet they entirely relieved the pain ever after, from which he suffered in the early stage of his disease. These two buckeyes I now have in my cabinet as curiosities. Their cuticle is worn, by long use, quite thin, and as smooth as glass or ivory.

*Excision and Cauterization of Hæmorrhoidal Tumors.*

Excision with the knife or scissors, as well as cauterization with the red-hot iron or caustic, is, at the present day, practiced by some surgeons for the removal of piles.

As it regards the removal of internal hæmorrhoidal tumors, either with the knife or the scissors, I would remark, that it is an exceedingly dangerous operation, and should never be performed. It has been discountenanced by some of the most able surgeons in the world. Indeed, not one patient in a hundred would submit to this operation, were he to be made acquainted with the serious danger of hæmorrhage that *always must* attend it. The great Sir Astley Cooper stamped his reprobation upon it, by relating several disastrous and fatal cases which came under his immediate notice; one, the case of a Scottish nobleman, will be given in his own language. He says, “As I was anxious about this patient, I did not immediately quit the room after the operation, but stood chatting with him for a short time, when he said, ‘*I believe you must quit the room, for I must have a motion.*’ I went out of the room, and upon returning shortly

after, I found him trying to get into bed; and upon looking into the vessel, I perceived a considerable quantity of blood in it. In a few minutes after he said he must have another motion, got out of bed, and again discharged a considerable quantity of blood. This he did four different times; one of the hæmorrhoidal arteries in the centre of one of the piles which had been removed, was divided; and as I was determined he should not die of hæmorrhage, I said I must secure the vessel which bled, and with a speculum ani, I opened the rectum sufficiently to see the blood-vessel, took it up with a tenaculum, and put a ligature around it. The patient, however, became gradually worse, and died in four days." A similar case is thus related by him: "Mr. Esdaile came to London from Guernsey or Jersey, in order to have a hæmorrhoid removed. Mr. Leman and I attended him, and I removed a single pile by scissors. On the following day he was exceedingly low, his pulse small, so as to be scarcely perceptible. On the next day he voided a great quantity of blood from his intestines; and on the day after he died, falling a victim to internal bleeding, from the return of the divided vessels with the prolapsed intestine."—(*Cooper's Lectures. By Tyrrell, p. 301. Philadelphia, 1839*). Sir Benjamin Brodie also repudiates the operation by excision, having nearly lost three or four patients from hæmorrhage caused by it.—(*Brodie, Libri citati, p. 314*). Mr. Syme, of Edinburg, Scotland, also condemns the operation as exceedingly dangerous on account of serious or fatal hæmorrhage. "The blood," says he, "does not readily escape externally, but accumulating in the rectum, excites the desire to go to stool, and is then voided in the form of a dark-colored feculent-looking fluid, which may impose upon the attendants, and conceal from them the true situation of the patient." He further remarks, "If other practitioners besides Sir A. Cooper had been equally candid in relating their fatal cases,



we should doubtless have had more testimony as to the danger of this operation ; and every surgeon who has practiced it must have experienced more or less alarm.”—(*On Diseases of the Rectum*, p. 77. *Edinburgh*, 1854). The celebrated French surgeon, Baron Dupuytren, during his life time, invariably removed hæmorrhoidal tumors with the scissors ; but such was his constant dread of fatal hæmorrhage, that he never neglected the precaution of either immediately applying the heated iron to the parts, or leaving an assistant with the patient, in order to arrest the bleeding at once, by the same means, should it occur. Indeed, this surgeon recommended the actual cautery to be applied to the parts, in every case, immediately after each operation of the kind, as he found its application absolutely necessary in nearly every patient upon whom he operated, in order to arrest fearful hæmorrhage ; and for this purpose had special instruments constructed—*cautère en haricot* ; *cautère en roseau*.—(*Leçons orales de Clinique Chirurgicale*, tome 1, p. 357).

Dupuytren's method, however, of excising internal piles with the scissors, and then applying the heated iron to the cut surfaces, is a most cruel, a most barbarous proceeding, and one that should never be adopted. The late and lamented Dr. Bushe, of New York, has also recorded his decided reprobation of this operation. This talented author died in the midst of his labors, and much too soon for the cause in which he was so ardently engaged, and of which he bade so fair to be one of its brightest ornaments. Dr. Bushe says, “That excision is not likely to be attended with danger from hæmorrhage, I deny ; for I performed the operation several times, and after it, have had to tie up arteries, plug the rectum, and in one instance, to apply the actual cautery. Indeed, I so nearly lost two patients, that when left to my own choice, I no longer have recourse to this operation. In the cases I have operated on, the hæmorrhage has never

been alarming during the operation, but in one instance; and in it, I was compelled to make firm pressure with the two first fingers of my left hand, for a considerable length of time; a procedure which appeared necessary to prevent a most frightful hæmorrhage. Generally, however, after these operations, the hæmorrhage does not occur for a few hours; then the patient, who may have been perfectly comfortable, becomes anxious, restless, and is seized with rigors, spasms of the extremities, cold perspiration, sickness of the stomach, swelling and tension of the abdomen, particularly in the left iliac fossa, and colic pains. His pulse becomes small, frequent and irregular; his respiration anxious, his countenance pale; he is vertigous, and faints. All this time, the blood is accumulating in the colon, and he may die, without discharging it; but frequently, the tenemus is so great, that he goes to stool, evacuates large clots of blood, faints, and sometimes dies. More commonly, however, the discharge of it takes place in the recumbent position, and brings relief; but after some time, the hæmorrhage returns, and in this way some patients have died." (*On Diseases of the Rectum*, p. 183. *New York*, 1837.)

With regard to the actual cautery (*heated iron*) as a remedy for the destruction of hæmorrhoidal tumors, as practised by some French surgeons at the present day, I would only remark that it is a most savage operation, and should not be countenanced. Very few sane persons, I should think, would ever submit to it; except those in hospitals, who cannot help themselves.

The potential cautery is also considerably used at the present day for the removal of piles, especially in the form of *caustic potash* and the mineral acids. A few years ago, Dr. Houston, an able physician of Dublin, introduced as something new the *nitric acid* as a remedy for destroying hæmorrhoids; since then it has been introduced into this country,

together with some of the other mineral acids for the same purpose. Instead, however, of the mineral acids being a new remedy for removing piles, they were used for this very purpose upwards of two hundred years ago, by the celebrated Riverius, whose work is now before me. He recommends the piles to be burned off by the "*Oyl of Vitriol*," (sulphuric acid) and in extreme cases, by the *Aquafortis* (nitric acid.) (*The Practic of Physic, &c. By Lazarus Riverius. Book X., Chap. X., p. 315. Montpellier, 1653.*)

I have here introduced *excision*, both by the knife and the scissors, as well as *cauterization*, both by the actual and the potential cautery, for the purpose merely of condemning them, as cruel, extremely dangerous, and, therefore, unscientific measures, in the treatment of this disease; and had I time and space I could here introduce numerous instances, even in our own country, and in our very midst, of the dangerous, as well as fatal effects of these measures, even when in the hands of some of our most eminent surgeons. Who has not seen or heard of such cases?

I now declare, and I challenge contradiction, that neither of the surgical measures above named, nor any others of a painful or dangerous character, are now necessary to the radical cure of this disease.

### *Spontaneous Cure of Piles.*

Sometimes, pile tumors of the permanent kind, whether internal or external, are spontaneously cured. This natural cure is brought about in external piles, by inflammation, consolidation, and subsequent absorption of the lymph. In internal piles, it is brought about by strangulation and mortification. The tumor or tumors are prolapsed, and cannot be returned, owing to the resistance of the sphincter muscle which encircles them firmly, like a ligature; thus completely strangling them, and cutting off their circulation. Mortifica-

tion soon takes place, sloughing follows, and the tumors are destroyed. Sir Benjamin Brodie, in one of his lectures, gives a case in point. "The late Dr. Pearson, who was for a very long period of time, physician to this hospital, was the physician and friend of the celebrated Mr. Horne Tooke. Many years ago, I was dining with Dr. Pearson, and after dinner he gave an account of Horne Tooke's illness. He said that he had long labored under piles; that at last mortification had taken place; that there was no chance of his recovery; and he added, that he had that morning seen him for the last time. I remember that in the middle of this history, there came a knock at the door, on which Dr. P. said, 'Here is a messenger with an account of my poor friend's death.' However, it was some other messenger; but by-and-by, a messenger did arrive, saying that Horne Tooke was much the same, or a little better. It turned out, as I have been informed, that the piles sloughed off, and from that time, he never had any bad symptoms. In fact, if I have been correctly informed, he was cured of a disease which had been the misery of his life for many years preceding, and he lived for some years afterwards." (*Libri citati*, p. 311.)

This natural cure of hæmorrhoids, however, is an exceedingly painful process. The powerful contractions of the sphincter and muscle upon the protruded tumors, in some instances, occasions the greatest agony. I have witnessed several cases of this kind, and have been compelled, from the intolerable suffering of the patient, to lay open the protruded and strangulated tumors with the abscess lancet, and scoop out their contents; or to apply leeches and fomentations. I would, therefore, advise the patient never to wait for a spontaneous cure in this manner, but to have his disease removed before, and thus avoid the pain and evils which generally attend it.



*Concluding Remarks.*

I might have entered into a minute investigation of the pathology, the anatomy, &c., of hæmorrhoids, by giving my own views, as well as the views and speculations of others; but this would have been foreign to the object of this work; and inasmuch, as it is not intended for the experienced medical practitioner, I have excluded all novelty and ingenious speculation, and admitted nothing but admitted truths, of a useful kind.

This chapter will be concluded by giving some extracts from letters (hundreds of which I have on file) from persons, who themselves labored under this disease, and who had been treated by the most eminent of the medical profession, and had also tried all the nostrums of the day. They will do more to enlighten the common reader, regarding the nature, the cause, the symptoms, and the consequences of piles, than any thing else. These letters speak a plain, familiar, and perfectly intelligible language to all; no medical knowledge, no peculiar strength of intellect, nothing, in short, but plain common sense, will be requisite for their complete appreciation.

*Letters from Persons Afflicted with Piles.*

## LETTER I.

M——— A———, Nov. 1, 1841.

DEAR DOCTOR:—I have lately learned that you have been quite successful in the treatment of diseases of the rectum, &c. I am now laboring under one of those diseases, piles, in their most aggravated form. I have suffered with this painful and distressing disease, for about two years; and although I have obtained occasionally, partial relief, from my physicians, and from the use of Hay's Liniment, and several other remedies; yet still the cause of the disease has not been touched, and I am now suffering the greatest pain. I am forty-five years of age; habits sedentary; by profession a judge; general health quite delicate, and bowels always constipated. I am certain that my piles were caused by my being compelled constantly to use harsh medicines to relieve my costiveness. When I go to stool I suffer the most acute pain; and I defer it as long as I possibly can, on this

account. When stooling, a large portion of the bowel comes down, together with four or five large tumors; sometimes they bleed very much, which relieves me. They never return of themselves; but I have to return them with my fingers, which is always a truly painful operation. I lately consulted an eminent physician, who at once said he could cure me by aloes. He gave me a preparation composed of nearly all aloes. I tried it about four days, and was rendered very much worse by it; indeed, it completely disqualified me for any business. I have been so little benefited, that I had lost all confidence in physicians; but hearing you so favorably spoken of, I have concluded to make one more effort to be cured. I have lately discovered a small ulcer on the bowel when it protrudes, it is about an inch up the bowel. I am fearful that either ulceration or fistula is about to take place. The object of this communication, is to learn from you, whether you think you can relieve me, and if so, I will visit you as soon as I get through holding my court at ———, at which place I wish you to address me immediately. I am respectfully, yours, &c.

The above letter was from Mr. L——, a judge of the Supreme Court of A——. I subsequently removed four hæmorrhoidal tumors for this patient, and thus entirely relieved him.

#### LETTER II.

A——Ga., July 3, 1843.

——From a boy I was subject to a prolapsus of the bowel, which was attended with but little pain, or inconvenience, as the protruded parts would always assume their natural position immediately after stooling, without any trouble. Within the last six years, however, several large tumors have made their appearance, and now, when the protrusion takes place, it is as big as the largest size orange. The least exertion causes the parts to come down, which causes the most severe pain and spasm of the muscle at the end of the bowel. The parts are covered frequently with mucus, streaked with blood; and sometimes there is quite a quantity of mucus discharged, which has the appearance of red currant jelly. I am usually confined to my bed for three or four hours after stooling, owing to the parts remaining out, and my inability to return them, and to the continued action of the muscle, and the feeling as if something was stuck in the bowel. At such times there is a great fullness of the head, and a numbness of the extremities, with pain and weakness of the back, and great derangement of the urinary organs; so much so that I have often to use the instrument to draw off the urine. From my continued and accumulated sufferings, my general health is daily growing worse; my nervous

system is completely racked, and I have become quite irritable, and the slightest excitement, either mental or corporeal, will bring on a paroxysm of my disease. To avoid the suffering, I have an evacuation from my bowels only every alternate day. I had two external tumors cut off with the knife, without the least benefit whatever. I am a lawyer by profession, and am thirty-eight years of age. This is a general outline of my disease. I have employed various physicians, and all the quack preparations of the day, to no purpose.

The writer of the preceding letter never visited me, and consequently I am unable to report the result of his case. From his description, it was doubtless piles, complicated with a prolapsus of the rectum, and perhaps fissure of the anus.

## LETTER III.

*H—, Ohio, June 6, 1846.*

———I have been troubled with piles for a number of years, but not badly, until within the last two years. I have been informed that you can cure me, and if you think you can do so, after hearing my statement, I will come to Louisville. They are what is termed blind piles. There are three or four lumps, (one as large as a hen's egg) which get much larger at times, and pain me very much. When I evacuate my bowels, the tumors come out, and have the appearance of a large rose, or ripe tomato. My bowels are always confined, and I have constantly to resort to purgative medicines——

I treated the author of the above letter, at Louisville, Ky., in the fall of 1847. Three large pile tumors were removed; and he still remains entirely relieved, now seven years, 1854.

## LETTER IV.

*P— P— C—, La., Aug. 5, 1846.*

DEAR DOCTOR—By mere accident, as it were, I learned that you were celebrated for curing diseases of the lower bowel, and being afflicted with, as I conceive, such a disease, I take the liberty to address you. My disease is a discharge of blood at every time I stool, without giving me the least pain. Indeed, up to this day, and it has been of some eight or ten years standing, I have never suffered, consciously, a single moment from it, and were it not that it may run to some other disease, more serious in its character, I would not trouble you nor myself about it. But I am now forty-two years old, and am aware that the decline of life is not the time to

"heal old sores." I have consulted many physicians; but they make light of it, and put me off by saying it is only the piles. The discharge of blood is always after the evacuations from the bowels, and distinct, having no mixture with it, and amounts to from one to two gills daily.

In the spring of 1847, the writer of the above letter visited me at New Orleans, and submitted to treatment. I ascertained that the hæmorrhage proceeded from two open-mouthed pile tumors, not larger than small peas. I removed them, and the bleeding stopped, and never returned.

#### LETTER V.

*B—, Ky., July 9, 1845.*

I suffered but little from my piles until the spring of 1841, when four or five tumors projected, and became hard, and almost as black as if mortified, attended with the most excruciating pain. No applications which my physicians could make, could give me relief. Lately these tumors have got worse, and when I am stooling, there is quite a stream of blood running all the time, so that I have to hurry and return them as soon as possible; for some time after, there is a burning and throbbing of the parts, as if a red hot iron was there, which often forces tears from my eyes. I dare not walk about; my bowel falls down in a few minutes if I am on my feet, and I am so weak that I am scarcely able to stand. I have heard that you have cured many desperate cases of piles. I am confident I can get no relief from physicians here; for I have tried them all to my sorrow. Can you not cure me? I do dread the effects of this painful disease, and am anxious to be cured immediately.

I treated the above case successfully, at Louisville, Ky., in September, 1845. The patient, to the best of my knowledge, still continues well, now, 1854.

#### LETTER VI.

*F—, A—. Oct. 30, 1843.*

I write at the request of Mr. —, who has been afflicted with piles for seven or eight years, and has been getting gradually worse for the last four years. He has submitted already to two operations of the knife, by Doctor —, of —, without any beneficial result. He is gradually getting worse, and unless he is cured very shortly, death will relieve him of his sufferings. One of his symptoms is profuse bleeding when he stools, which has reduced him very much, and makes him look as pale as death.



He is now confined to his bed, suffering nearly all the time, and has never been the least benefited by the operations, or any thing else that has been done for him. He has seen Mr. C——, whom you cured two years ago, and who advised him by all means to make immediate application to you. He is now not able to visit Louisville. Can you not visit him?

Being unable to visit the patient alluded to in the above letter, at the time; and not having heard any thing of him since, I am unable to say how his case terminated.

## LETTER VII.

C——, *Mo., Aug. 24, 1841.*

My wife has, for several years, been grievously afflicted with piles. There is often copious discharges of blood, with considerable inflammation and much pain of the parts affected. She has great weakness, and considerable pain in the back, head ache, and in fact, the whole nervous system is highly affected. I have tried all the physicians here of eminence; but she has not been cured, and is gradually getting worse. My fear is, that her piles will terminate in fistula.

I was highly fortunate in treating successfully, the case above alluded to, without seeing the patient.

## LETTER VIII.

C—— L——, *April 20, 1841.*

DEAR SIR—My wife, having labored under that unpleasant and untractable disease called piles, for the last three years; having in the mean time tried all the nostrums vended for its cure, besides trying the prescriptions and the advice of all the medical men of this vicinity, without the least benefit, I have determined to make another effort to obtain relief for her, by applying to you. It may be proper for me to state, that there is but a slight protrusion of the parts, and these only whilst at stool. They are easily pushed back, and frequently return of themselves. She has often pains and numbness of the lower extremities, which she attributes to this disease. The tumors most always bleed when she has an evacuation from the bowels, and the amount of blood lost is considerable, and seems to increase; and at this time makes her appear very pale indeed, and effects her head, producing as she terms it, "strange and wild feelings of the head."

The patient referred to in the above communication, is the wife of a highly respectable physician of the state of Louis-

iana. In May 1845, and four years after the date of the doctor's letter, she visited me at Louisville, Ky. She then had, in addition to her hæmorrhoidal disease, a complete fistula in ano. I met with complete success in the treatment of her case, and she continues entirely free from both diseases to the present time, now, 1854.

## LETTER IX.

*B——, Md., Sept. 21, 1843.*

DR. BODENHAMER: Dear Sir—A clergyman, Mr.——, from your state, has informed my aunt that you cured him of a desperate disease, the piles, which he had long labored under. She requests me to write you, and inform you, that she has been subject to the most painful attacks of piles for the last six years. She is thirty-five years old, and has been a widow five years. Her health in other respects, is tolerably good; but when her bowels become either too loose or too costive, she will have a sudden attack. The piles swell up suddenly, as large as a hen's egg; she has two or three of them. They are then so painful that she cannot bear to have them touched; they frequently bleed, and most always protrude. When the attack comes on, she is confined to bed, and suffers the most excruciating pain. Nothing yet has done her any good, and she has consulted all the best doctors in this city. These spells sometimes last four or five days, and then the piles go away entirely, and she is completely relieved, and between the spells she is as well as usual.

I treated the patient alluded to in the above letter, without seeing her, with but partial success, however. Had she visited me, she doubtless would have been perfectly cured.

## LETTER X.

*N——, Ind., July 28, 1840.*

DR. BODENHAMER: Dear Sir—I have been afflicted for the last ten years with hæmorrhoids to such a degree, that I am unable to be on my feet but a small portion of the time. When I stand on my feet, or walk any distance, and at every evacuation of my bowels, there is a protrusion something similar to a large rose, made by the formation of five or six lumps near the extremity of the bowel. These I have always to press back into the rectum, by pressing gently on each side of them with my fingers, and it is with much difficulty that I can keep them from protruding even when sitting or lying down. I cannot pass urine unless the tumors are down. When they are inflamed and swelled, they are awfully painful, the pain

extending down my legs to my feet, with cramps in my feet and toes. I have paid hundreds of dollars to physicians and to quacks, and for various nostrums, all to no purpose. I have even been foolish enough to carry buck-eyes in my pocket for my disease! This last remedy, I believe, has done me just about as much good as any of the rest!!

The author of the above letter, was successfully treated at Paris, Ky., during the winter of 1841.

## LETTER XI.

*P——e, Ky., April 3, 1840.*

DEAR DOCTOR—I have just seen Mrs. T——, whom you cured some time since of piles. She says that her case was as bad as mine, as I am also laboring under this disease. Mine are the blind piles, and I have had them for three years, and for the last thirteen months, confined to my room. I have been the patient of four doctors, and have found no relief. From what Mrs. T. says, I am fearful that I am about to have fistula, which I awfully dread. She says that your treatment was so mild, that you did not hurt her at all. My age is forty-two years, and I have been the mother of four children. If I was cured of this wretched disease, I would be entirely well I believe in other respects. I hope you will write me an encouraging letter.

I advised the writer of the above letter to visit me and have her piles at once removed; but from time to time she found it inconvenient to do so, and I finally lost sight of the case.

## LETTER XII.

*C——, Ky., June 16th, 1842.*

DEAR DOCTOR—This will be handed you by my friend, Mrs. H., who visits you for the purpose of obtaining your skill in the treatment of her case, which is piles, and similar to what mine were. She has been the victim of the regular, as well as irregular practice of the day in this disease. I gave her every encouragement to call on you, knowing that you could cure her. As regards my own case, I am entirely well, and have been ever since I left you, two years ago. Indeed, my general health is now better than it has been for twenty years. I have not taken one single drop of purgative medicine since I left. This you will think strange, as I was always taking two or three large doses of pills every week, to keep my bowels open. Whenever I find that my bowels are becoming costive, I use the means you directed occasionally, and they relieve me. I would

not exchange this simple and excellent remedy, for all the drugs in our country, in such cases. I have recommended it in many cases of piles, as a palliative, with the most happy results. All who have tried it, say that it has relieved them more than all the applications they have ever tried. I could never have forgotten you, had you never done any thing else than relieve me entirely of my obstinate constipation.

I am, very respectfully, your friend.

#### LETTER XIII.

—, *Mi—, December 1, 1844.*

DEAR DOCTOR—I am happy to inform you that my wife has not had the slightest return of piles since she left you, last spring. Her general health has improved so much that you would scarcely know her; and what is best of all, her bowels keep entirely regular, without her resorting to medicine. She still follows your directions with regard to purgative medicines, to diet, &c. In fact, her general health is better than it has been for ten years; for during that time, scarcely a day passed without her taking more or less medicine.

The following extract of a letter is from my friend, T. J. Casey, Esq., of New Orleans, whom I radically cured of piles in the winter of 1851. I am truly happy to have it in my power to say that my kind friend remains entirely free from the disease to the present time, 1855.

#### LETTER XIV.

*New Orleans, March 25, 1851.*

DEAR DOCTOR :——I cannot close this note without thanking you most cordially for the kindness and the skill displayed towards me, during your treatment of that most painful and disagreeable of all diseases—the piles. I am entirely cured of my old disease, and feel better than I have done for twenty-five years. If any thing I could do, say or write, would add one mite to your already wide-spread reputation, I would, I assure you, most cheerfully do it.

Believe me ever your most grateful friend,

T. J. CASEY.

The following letter is from my kind friend, the Rev. Benjamin Chase, of Natchez, Miss., whom I cured at New Orleans, in the winter of 1854, of piles, complicated with a prolapsus of the rectum. His case was one among the most aggravated I had ever seen.



## LETTER XV.

*Natchez, April 11, 1855.*

DR. W. BODENHAMER,—Dear Sir :—I am happy to have the privilege of introducing to your acquaintance my brother-in-law, Mr. A. C. Henderson, of this place. He visits New Orleans, in part, to ascertain whether there is any way of obtaining relief from the unpleasant effects of a former hernia. I do not know whether that is one of the maladies to which you have given special attention or not. But be that as it may, I am glad of the opportunity of his seeing you.

It is very gratifying to me, to be able to say I am entirely relieved of all inconvenience from my past sufferings, and I shall ever feel grateful to you for your invaluable services, in procuring that relief. With sentiments of esteem and respect, I remain,

Very sincerely yours,

BENJAMIN CHASE.

My friend, the Rev. Mr. Rampon, of Pensacola, Fa., the writer of the following extract, visited me at New York, on the 4th of August last, in a most deplorable condition. He was losing about half a pint of blood at each evacuation of his bowels, the hæmorrhage proceeding from three large piles. His flesh and strength were gone; his countenance and lips were pallid; pulse feeble and quick; skin dry and hot; and he complained of shortness of breath and violent palpitation of the heart, induced by the slightest exertion, especially when ascending steps. The tumors were removed and the bleeding at once ceased; his flesh, strength and color speedily returned, and he left for home on the 11th of October, 1854, a new man.

## LETTER XVI.

*Pensacola, Fa., April 25, 1855.*

MY DEAR DOCTOR :—It is now eight months since I was under your care, and so far, there is not the least sign of bleeding, or of a return of my old disease, the piles; and I have taken no medicine whatever. My general health is perfect; indeed, I am quite a resuscitated man, feeling, at least, twenty years younger. My congregation, on my return last fall, could scarcely believe that I was the same and identical person. When I left them to visit you at New York, they gave me up as lost; but when I returned, it was a public rejoicing, and had you been present, you would

have received an ovation for the benefit conferred upon their pastor. I sincerely wish the whole world knew you, and your method of treating those diseases.

Please let me know when you leave New Orleans for New York. I hope you are well, and I pray Almighty God to preserve your precious life for the benefit of so many afflicted persons whom you daily relieve and cure. With a most grateful heart, I remain your friend,

C. RAMPON.

In the winter of 1853, I cured the Rev. H. M. Mc Tyeire, editor of the "*New Orleans Christian Advocate*," of piles in a most aggravated form. My friend, I am happy to say, remains well to the present time, 1855. In his paper of September 23, 1854, he makes the following remarks:

W. BODENHAMER, M. D.—By reference to the card of Dr. Bodenhamer, it will be seen that he has adopted New York as his summer quarters, and New Orleans as his winter. The afflicted in the South are highly favored by this arrangement. Dr. B. belongs to the old school, both as a gentleman and practitioner. His remarkable success in one direction of his profession determined his practice to it. He is no quack, no one idea man. He has the modesty of true science—too modest to make known the singular success of his treatment, and for years even to publish a card. We have yet to hear of a case in which he has failed. Our own experience and knowledge prompt us to this notice.

The following are the names of a few more persons whom I have radically cured of piles; some of them were treated a number of years ago:

Edmond Bryant, aged 52 years, farmer, Shawnee Run, Ky.; cured in the spring of 1841.

James Cage, Esq., aged 73 years, sugar planter, Houma, La.; cured in the summer of 1845.

J. M. Trimble, Esq., aged 40 years, farmer, Hillsboro', Ohio; cured in the fall of 1847.

Captain William Porter, aged 50 years, New Orleans; cured in the spring of 1848.

Cornelius Mc Coy, Esq., aged 48 years, Portsmouth, Ohio; cured in the summer of 1850.

Clark Williams, Esq., aged 45 years, Cincinnati, Ohio; cured in the fall of 1850.

James H. Walker, Esq., aged 34 years, cotton planter, Eldorado, Arkansas; cured in the winter of 1851.

Henry Pace, Esq., aged 42 years, Cincinnati, Ohio; cured in the fall of 1853.

Wilson Johnson, aged 26 years, farmer, near Circleville, Ohio; cured in the fall of 1853.

General Persifer F. Smith, of the U. S. Army, Corpus Christi, Texas; cured in the winter of 1853.

Thomas M. Foster, aged 38 years, Indianola, Texas; cured in the winter of 1853.

Rev. J. Hoge, D. D., aged 69 years, Columbus, Ohio; cured in the spring of 1853.

## CHAPTER VII.

### FISTULA IN ANO.

THIS disease, like hæmorrhoids, is of very ancient date. The first distinct and comprehensive description of its nature and treatment is given by Hippocrates, the father of medicine, in his *Liber de Fistulis*. It is also treated of by Celsus, in his *De Medicina*, and by Galen, in his *Methodus Medendi*. From these early times to the present, medical literature has been very prolific, in furnishing us with a countless number of monographs on its nature and treatment. These records contain the most indubitable evidence, that it is a disease very difficult to treat successfully, under the most favorable circumstances, and that its treatment heretofore, has been inefficient.

In 1422, Henry V., King of England, died of this disease, being in the thirty-fourth year of his age and tenth of his

reign. The great historian Hume, in relating this event, says, "But the glory of Henry V., when it had nearly reached the summit, was stopped short by the hand of nature ; and all his mighty projects vanished into smoke. He was seized with a fistula, a malady which the surgeons at that time had not skill enough to cure ; and he was at last sensible that his distemper was mortal, and that his end was approaching. He sent for his brother, the duke of Bedford, the earl of Warwick, and a few noblemen more, whom he had honored with his friendship ; and he delivered to them in great tranquillity his last will with regard to the government of his kingdom and family," &c. (*History of England, Vol. II., p. 368. Boston, 1851.*)

Shakspeare rendered this disease quite notorious by making it a very important and leading circumstance in his play—" *All's well that ends well,*" which is said to have been written in 1606.

The celebrated Astruc, in his Latin Thesis on *fistula of the anus*, relates an interesting incident relative to this disease. He says that for an age previous to 1686, the fistula of the anus had almost sunk into oblivion, and was scarcely ever seen or heard of by physicians ; not that the disease did not exist ; but in consequence of a false delicacy in those who had it, in not making it known ; despairing of any remedy, they preferred to conceal a disease which at that time was considered incurable. No sooner, however, was it known that so great a personage as Louis XIV. had this disease, than it at once became fashionable, and a vast number of cases suddenly appeared, and after the King's example, every one made an open confession of this his once secret malady.

Dionis, in his surgical work, also alludes to the same circumstance. "This disease, at present," says Dionis, "seems more frequent than formerly ; we every day hear of opera-



tions performed on such persons as did not before seem afflicted with it. It is a disease grown into fashion, since that which the King had, and on which the surgeons were forced to perform the operation, in order to its cure. Several of those who before that time carefully concealed their having it, are now not ashamed to publish it, and some courtiers have even chosen *Versailles*, for the place where they will undergo this operation, because the King would there be informed of all the circumstances of their indisposition. I have seen above thirty who desired to have the operation performed, and whose folly was so great, that they seemed angry when they were assured that they did not at all need it." (*Cours D'operations De Chirurgie, &c. Huitieme Edition. Tome I., p. 406. Paris, 1782.*)

There is a case parallel to this related by Pliny. "In the reign of Tiberius Cæsar," says he, "the colic first showed itself, nor did one man in Rome ever complain of this disease till the Emperor had been severely attacked with it." (*Histor Natur, Lib. XXV., Cap. I.*)

James Syme, M. D., of Edinburg, in the first edition of his work on the diseases of the rectum, says that, "Louis XIV. suffered from *fistula in ano*, and being *naturally*\* unwilling to undergo the operation which his medical attendants assured him was necessary, listened to various proposals for curing the disease without having recourse to the knife. Instead of trying these methods on his own person, however, he collected a great number of his subjects, who labored under the same infirmity, and caused the proposed experiments to be tried on them. Some of them he dispatched to the waters of Barèges, others to those of Bourbon, and many more he shut up in rooms, provided with every thing that

\* It was not at all surprising, one would think, that the Grand Monarque should have been *naturally* unwilling to submit to such an operation. I should like to see the first patient, even in these days of chloroform, who would be *naturally* willing to have his rectum *split open*.

could be suggested for the purpose in view. At the end of a year, finding that not a single patient had been cured, his Majesty yielded to necessity, and permitted his surgeon, M. Felix, to perform all the incisions which he judged proper. We have here a striking illustration of the necessity of the operation,\* and the importance, attributed to its performance as formerly practiced, may be estimated from the number of medical men, who were present on this occasion, together with the amount of their remuneration."

As the history of this case is interesting in several respects, I will, for the benefit of the reader, give it entire from the celebrated surgical work of Monsieur Dionis. "In the year 1686," says Dionis, "there arose, near the king's anus, a small tumor inclining towards the perinæum; it was neither inflamed nor very painful; it grew slowly, and after ripening, broke of itself, by reason that the king would not suffer Monsieur Felix, his principal chirurgion, to open it as he proposed. This small abscess was attended with the ordinary consequences of those not sufficiently opened to admit the application of remedies to the bottom of the cavity; there was only a small orifice through which the matter run; it continued to suppurate, and at last became fistulous.

"The sole way left of curing it was by manual operation; but the Great cannot always be brought to yield to it. A

\* It is strange that intelligent surgeons of the present day should refer to the case of Louis XIV., to prove the positive necessity now of the knife operation in the cure of this disease. The King never submitted to any other treatment except the knife; and to say the least of it, his case was a very slight one, being, as Dionis declares, quite small and superficial. Is this trivial case, then, which was treated some two hundred and sixty-eight years ago, to be the standing test of the superiority, the success, and the necessity of the knife operation, now and for all time to come? The idea is absurd. I can tell Dr. Syme, however, what this case really does illustrate. It illustrates the ignorance of all the parties concerned, respecting the true nature and treatment of the disease; and it also illustrates, most forcibly, "*the great pomp and circumstance*" of an operation, even although quite trivial; just such a ridiculous parade as too often takes place in our own day, and of which Dr. Syme must be quite familiar.

thousand persons proposed remedies, which they pretended to be infallible, and some of them, which were concluded to be the best, were tried, but none of them succeeded.

“His Majesty was told that the waters of Barège were excellent in these cases, and it was also reported that he would go to the waters; but before taking the journey, he thought fit to try them on several patients; four persons were found who were afflicted with the same disease, and sent to Barège at the king's expense, under the direction of Monsieur Gervais, chirurgien in ordinary to his majesty; he made the necessary injections of this water into their fistulas for a considerable time, and used the proper means for their cure, and at last brought them all back, as far advanced towards that end, as when they first went thither.

“A woman reported at court that, going to the waters of Bourbon, in order to be cured of a particular distemper, she was by the use of them cured of a fistula, which she had before she went thither. One of the king's chirurgiens was sent to Bourbon with four other patients, who returned in the same condition they went.

“A Jacobin friar, applying to Monsieur Louvoy, told him that he had a water with which he cured all fistulas; another boasted of a never-failing ointment, and yet others proposed different remedies, alleging the cures which they pretended to have done. That minister, determining to neglect no means in order to the procuring a restoration of a health so important as that of the king, caused several chambers to be furnished, in which he placed persons afflicted with fistulas, and caused them to be treated pursuant to the several methods of the boasting pretenders to cure them in the presence of Monsieur Felix.

“A year was spent in these various essays, and not one patient cured.

“Monsieur Bessiere, who examined the indisposition, be-

ing asked his thoughts by the king, freely answered his majesty, that all the remedies in the world would prove vain without manual operation.

“At last the king, to whom Monsieur Louvoy, and Monsieur Felix gave an account of what had passed, seeing no hopes of being cured otherwise than by operation, on which Monsieur Felix continually insisted, determined for it; he delayed it till his return from Fontainebleau, and one morning had it performed when nothing of the nature was suspected by the courtiers, who, going to attend the king’s levee, were informed that he had undergone the operation, and resolutely suffered all the incisions which Monsieur Felix thought proper to be performed.

“This happened on the 21st of November, 1687. Monsieur Felix, to whom the king had left the liberty of appointing what chirurgeon he pleased to assist him, chose Monsieur Bessiere, who was accordingly present at this operation; where besides were only Monsieur Louvoy, and the two physicians, Dr. Daquin and Dr. Fagon. The cicatrizing was well managed, and the king perfectly cured. His majesty royally recompensed all those who had rendered him service whilst under this indisposition; he gave to Monsieur Felix fifty thousand crowns; Monsieur Daquin one hundred thousand livres; Monsieur Fagon twenty-four thousand livres; Monsieur Bessiere forty thousand livres; and to each of his apothecaries, in number four—twelve thousand livres; and to one Raye, Monsieur Felix’s apprentice, four hundred pistoles.”—(*Libri citati*, p. 419.)

* Monsieur Felix received 50,000 crowns	-	-	-	-	-	\$30,000
Dr. Daquin “ 100,000 livres	-	-	-	-	-	20,000
Dr. Fagon “ 24,000 “	-	-	-	-	-	5,000
Monsieur Bessiere “ 40,000 “	-	-	-	-	-	7,500
Four Apothecaries (each 12,000 “	\$2,500)	-	-	-	-	10,000
Mons. Raye (Apprentice to Mons. Felix)	400 pistoles	-	-	-	-	1,000
Total amount of fees,						\$73,500



“These were,” says a writer in the Medico-Chirurgical Review, “royal days for surgeons. The fee which the operator on the Grand Monarque, Monsieur Felix, pocketed, was six thousand pounds. The name of this gentleman is emblematic of the palmy days of surgery, in which he had the luck of flourishing. If an operator now receives a thousand pounds for giving sight to one of our millionaires, he is thought a marvellously fortunate fellow.”

*Description of Fistula in Ano.*

The term *fistula*, which signifies a pipe, and which in surgery denotes the tube or narrow conduit leading from an abscess or cavity, is frequently misapplied, or used in an indefinite or vague sense; often giving a very inadequate idea of the nature of the disease. Instead of simply denoting a *pipe-like* sore, or the canal or medium of conveying a fluid or extraneous matter to the surface, the term is often applied by the old surgeons, as well as a majority of those of the present day, to simple abscesses, or all suppurating excavations, especially about the rectum or anus. This departure from its strict definition, is doubtless caused by the fact that an abscess most always precedes fistula, and that it is the initiative in the production of fistula. Abscess and fistula generally stand in the relation of cause and effect; hence this complication is usually confounded, and the term fistula made to embrace too much. This distinction, however, is important and should not be lost sight of by the surgeon; for the indications in the treatment of simple abscesses and fistulous passages, are essentially different. An abscess may exist without being fistulous; but it is liable sooner or later to become so, and the following is the process:—After the pus in the first instance is evacuated, its parietes do not approximate, and its cavity is not spontaneously obliterated, but becomes lined with a pseudo-membrane, and establishes

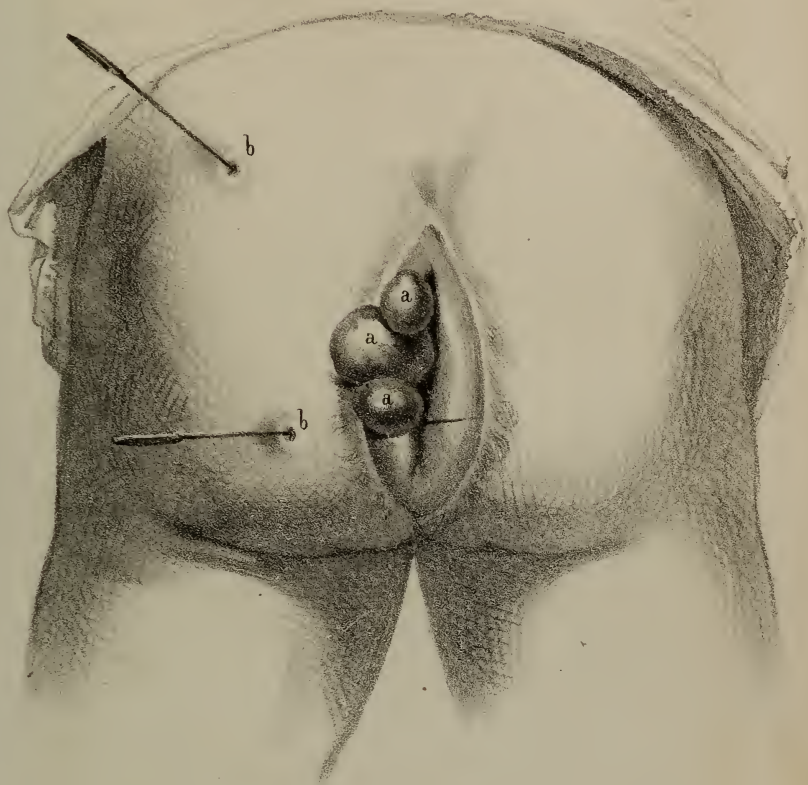
in its parietes one or more canals or tubes, which are also lined with the same membrane, and through which it discharges its secretions. An abscess may also become fistulous by its cavity gradually diminishing in size, until it becomes itself a simple tube or sinus. It is in this manner that in time a definite organization is finally established, constituting a fistula. The discharge from and through fistulous passages, may present characteristics of pus, gleet, sero-purulent, sanguineo-serous, or mucous matter; but the discharge varies like the cause. Sometimes it is white and consistent, sometimes thin and flaky, sometimes pure, and again mixed with the product of some natural secretion, according to the location of the fistula, the general health of the patient, the length of time the affection has subsisted, &c.

Fistula in ano, then may be the result of an abscess in the vicinity of the anus or rectum, which continues to secrete and to discharge matter through one or more sinuses or openings. These fistulous sinuses or passages, are generally single; but they sometimes ramify at their extremities, usually communicating with each other, and converging to one internal aperture. Their direction is mostly tortuous—yet they are sometimes straight, and present numerous contractions and dilatations in their course.

Fistulæ have been divided into three classes: complete fistula; external blind fistula, and internal blind, or occult fistula. The first signifies that the sinus communicates with the bowel, and opens externally, forming a continuous canal from the cutaneous surface up into the intestine; the second denotes that the sinus opens only externally, and the third, that the sinus opens only into the bowel. These two last are also called incomplete fistulæ. (*Vide Plate IV.*)

Some authors deny the existence of any other but complete fistulæ; but this is a great error, as I have demon-

Fistula complicated with piles.



a . Piles .

b . Fistulous opening with probe in it.





strated by minute desecation, in numerous cases—some of long standing.

With regard to the number and form of the external and internal orifices, they vary materially. Generally, there is but one external opening; yet often, there are as many as three, four, and six, and I have seen in consumptive patients as many as ten and twelve. All these, however, usually communicate with each other, and converge to one internal aperture. There is but rarely more than one internal opening; yet I have seen as many as two, and even three. They are usually round and callous. Sometimes, however, they are quite soft. The external openings are commonly round, and studded with exuberant granulations which sometimes very easily bleed when touched; they may be regular without granulations—especially if the disease is recent. Owing to the action of the discharge in old cases, the parts surrounding these openings, generally become hard, callous, and project, forming, in many instances, quite large tumors or excrescences. The direction and situation of the sinuses vary. Sometimes they open at quite a distance from the outer circumference of the anal opening, and extend obliquely upwards and inwards through the external sphincter and cellular and adipose tissue, until they open into the bowel. Sometimes they pass through the fibres of the internal sphincter; at other times they run between the sphincters, and then they ascend a little before perforating the mucous membrane. They are nearly always exceedingly tortuous in their route, and sometimes most difficult to trace to their internal opening. They may frequently be felt externally and traced towards their origin. If the fistula be large and complete, it will be usually found at some distance from the anal opening; but if it be small, it may be concealed beneath the folds of the fine skin, close to, or at this orifice. This kind of fistula is very apt to be overlooked, and great care is necessary

in conducting the examination. I have seen many cases of this kind; the patient having previously been often examined without the disease being detected. If you ask him, he will perhaps tell you that his linen is daily soiled by a discharge which he attributes to piles; but which is usually from such a fistula.

The seat of the internal orifice, for the last ten or twelve years, has been the subject of considerable debate. M. Ribes, of Paris, contends that the internal orifice is almost invariably found very near the anus, and visible externally, on minute examination, and *never* more than five or six lines above the junction of the skin with the mucous membrane. He gives the result of eighty observations to confirm this position. It was the opinion from the earliest times, and it still prevails to a considerable extent, that these sinuses usually penetrate the bowel high up. I will not enter into this controversy in the present work, but merely give the result of my own experience. In one hundred and sixty cases of complete fistula in ano, which I treated, I found that in fifty-nine cases, the internal orifice entered above the upper margin of the internal sphincter muscle; in thirty-four cases, it entered between the sphincters, and in the balance, sixty-seven, I found it to enter low down, so that it could be seen by everting the edges of the anus. These cases were examined most minutely with especial reference to this point.

. *Who are the Victims of Fistula in Ano?* .

This disease is found among all classes in society, and in persons of very different constitutions: in some who are in excellent health, in other respects; and in some, who are reduced by other diseases. It is generally met with in persons advanced in life, and rarely in childhood. I have treated the disease in seven children, under four years of age. Persons of acute sensibility, who labor under fistula, usually suf-

fer great uneasiness about the part, especially when stooling, and they are often distressed by a feeling of weakness and imperfection which renders their existence almost intolerable. Others of less sensitive constitution, frequently give themselves no concern about their disease, and are able for a long time to bear up under its undermining influence. I have treated some five or six cases, in whom the disease had existed from fifteen to thirty years.

*Causes of Fistula in Ano.*

As this disease is preceded by anal abscess, it may originate from all those causes, whether local or constitutional, which produce that disease. They will be enumerated under their appropriate head, in the chapter on anal abscess; yet it may not be improper to give some of the causes here. Perhaps the most frequent cause of fistula, is piles. Owing to the continued irritation which they produce, suppuration finally takes place at the base of some old pile tumor, which results in fistula, and in this way hundreds of cases are caused. Obstinate constipation, and the abuse of purgative medicine, the great *sine qua non* in relieving this condition, are both fruitful sources of the remote cause of this disease. The concussions occasioned by efforts in leaping, riding, &c., acting as they do, upon the whole amount of blood in the portal system which is unsupported by venous valves, produce injuries of the blood vessels, and are therefore an important remote cause of this disease. Contusions from horse-back riding; hence this disease is common among troopers, and those who are much on horseback, such as medical men who reside in country situations, &c. I am now treating a gentleman of Natchez, for a fistula in ano, who sustained an injury by his horse leaping over a bayou. The result was an anal abscess, and finally a fistula. Leech bites are sometimes a cause of this disease; they are very liable, especially

if the general health is not good, to occasion suppuration in this situation, and finally to result in fistula; four or five cases of this kind have come under my own observation. Fistula sometimes follows the operation of lithotomy. Excrescences about the anus, excoriations, stricture of the rectum, ulceration of the rectum, external violence. These are all causes of this disease; injuries inflicted by the awkward introduction of the enema syringe, bougies, speculum, &c. I cured Mr. Richard Lancaster, of Harrodsburg, Ky., in 1852, of a fistula in ano, produced by an injury from the pipe of an enema syringe. The records of surgery afford numerous instances of this disease being caused by the presence of sharp-pointed foreign bodies, which are swallowed in food: such as pins, needles, fish bones, chicken bones, splinters of wood, small spiculæ of bone, generally swallowed in broth made of fowl.

These substances are detained in the rectum, or they make their way through its coats, and lodge in the cellular membrane, exterior to it; thus causing the most serious mischief by producing abscess and fistula. I have met with numerous cases of this kind. I am now (1846,) treating Dr. C. B. Black, of the firm of Massey & Black, druggists, New Orleans, who has a large fistulous abscess at the side of the anus, extending into the perinæum, from which I extracted a splinter of wood half an inch long. He had previously submitted to two extensive operations with the knife by an eminent surgeon of New Orleans, without affording the least relief, or any good result whatever. On one occasion I extracted a sharp-pointed piece of the breast bone (an inch long,) of a young chicken, from a fistulous abscess at the side of the anus. The patient, Joel Herndon, Esq., sheriff of Owen county, Ky., had previously undergone one operation with the knife, for his fistula in ano, without in the least being benefited. My friend Mr. H. was cured in 1839. See



his publication at the end of this chapter. In 1839 I extracted a fish bone from a fistulous sinus; the patient being Mr. James D. Cook, of Bourbon, Co., Ky. In 1847 I also extracted a fish bone from an anal fistula. The gentleman was Mr. John W. Cheatham, near Henderson, Ky. Irritation caused by the lodgment of indurated fæces or concretions in the rectum, are sometimes the cause of anal fistula. Gunshot wounds in this situation are also sometimes a cause.

### *Symptoms of Anal Fistula.*

In some persons, the early symptoms of this disease are scarcely noticed, and the first thing the patient observes is the escape of matter; in others, however, the first symptoms are severe, the patient begins to feel an uneasiness or pain in the rectum, he cannot sit comfortably; as these symptoms continue to increase, he finds that his stools are voided with great difficulty, and that whilst voiding them, he suffers the most excruciating pain, and sometimes he is unable to pass his urine. All this time there may not be any external appearance of disease, but by pushing his finger up the bowel he will find some one spot exceedingly painful to the touch; this is the place in which suppuration is going on. If the abscess is not lanced, it will sooner or later break of itself while straining at stool, and then the patient will be entirely relieved of all the pain, &c., but the discharge of matter will continue. In an external blind fistula, the patient sooner or later finds that an abscess, or as he would call it, "*a bile*," is forming near the anus, and usually to one side of it. In this, suppuration sometimes takes place very rapidly, with heat, redness, pain and swelling of the part; at other times, it takes place slowly, and insidiously, without any sign of inflammation, so that the first thing that attracts attention, is a flat swelling, that results from the presence of fluid. The matter, if left to itself, sooner or later, by

absorption of the neighboring textures, makes its way to the surface. But as it is situated between the skin of the hip and the mucous coat of the bowel, it may effect evacuation through either the one or the other of these coverings. In conformity, however, to the general law, as to progressive absorption, occasioned by the presence of matters foreign to the healthy constitution of the body, it most frequently escapes by an aperture through the external integument. But the cavity of the abscess, though it contracts, does not become obliterated, but continues to discharge a matter of a thin, watery consistence, and the patient by this time becomes convinced that it is not a *bile*. Indeed, it is the worst place in the world to have a bile located!! The matter discharged varies, both in quantity and in quality. It often seems on the point of ceasing, when perhaps another abscess forms, or the same one opens and discharges and closes again, or at all events, no actual cessation takes place. Sometimes it has a very offensive smell, especially if the patient's general health, in other respects, is not good. It is sometimes of the most acrid character, and excoriates all the skin and mucous membrane with which it comes in contact. In a complete fistula, there is sometimes a discharge of wind, and when the fæces are fluid, portions pass through the preternatural canal.

In anal fistulæ, as well as in anal abscess, there is sometimes pain, lameness, and numbness, or wasting of one or the other of the legs; doubtless caused by either the swelling of the parts extending or compressing the nerves which proceed to the leg through the corresponding side of the pelvis; or a disease or a sympathetic affection of them. The arm may also be affected by the same causes, from these nerves being connected with those of the upper limb, through the medium of the intercostal nerve.

*Objectional Methods of Treating Anal Fistula.*

The methods resorted to for the cure of this disease, from the days of Hippocrates to the present, are so numerous and so various, that the mere enumeration of them would be a task. I shall not attempt it, but confine myself to the consideration of a few of those to which I most seriously object. These are incision and excision by the knife; cauterization by the red-hot iron and by caustic.

The indurations and the callosities, consequent upon chronic inflammation, by which fistulous passages and abscesses are usually surrounded, were anciently considered malignant alterations of structure, and that they absolutely required a complete removal before a cure could be effected. These erroneous opinions led to the adoption of some of the most violent and barbarous methods, such as the complete extirpation of all the diseased or callous parts by the knife, or a destruction of them by the actual or potential cautery, or a combination of all these means. It was this false notion that led Celsus to adopt the method of complete extirpation of the diseased or indurated parts. He was the first one who dissected out the whole parietes of the sinus. This method is still, at the present day, pursued by some of the French surgeons. About four years ago, I treated a gentleman of Indiana for a fistula ani, who had previously submitted to this operation by a French surgeon, without being at all benefited. It was the same error that led Albucasis, Jean de Vigo, Durand Sacchi and Severinus, to apply the red-hot iron to the parts, after they had previously been laid open with the knife; that induced Guy de Chauliac to make his incisions with a red-hot bistoury, introduced on a grooved sound; that caused Leonidas carefully to remove all the callosities by means of a forceps, a knife, and a peculiar speculum; that led Dionis to scarify the indurations after previously having laid open the whole route of the sinus; which last

method is still followed by some French surgeons. It is the same error that induces some surgeons of the present day to use the actual cautery in burning out the disease. The cauterization is adopted by means of an iron, corresponding in diameter to that of the sinus, and the temperature of which is scarcely elevated to that of red heat. This iron is pushed up the sinus, and in this way it is intended to burn out the disease. It is on the same principle that the various caustics are recommended, especially the caustic potash, or *lapis infernalis*, as used by Dr. Beach of New York, and his followers, for the cure of this disease. Dr. Beach says: "The peculiarity and difficulty of curing this disease is the hardness or callus which lines the sinus." (*American Practice*, Vol. II., p. 189. New York, 1833.) Hence Dr. B. recommends the caustic potash, or a similar preparation for the destruction of this induration. I have, however, seen and treated many cases, some of long standing, that were entirely free from this hardness or induration, and found them to be as difficult to cure as those in which this induration existed. I have also in hundreds of instances removed this hardness or callous by the very mildest means, even when it resembled cartilage in hardness. This error, therefore, stands upon a supposition which is not true. The celebrated Pott, when speaking on this subject, says, "Imagining this callosity to be a diseased alteration made in the very structure of the parts, they had no conception that it could be cured by any means, but by removal by a cutting instrument, or by destruction with escharotics; and therefore they immediately attacked it with the knife or caustic, in order to accomplish one of these ends; and very terrible work, by their own accounts, they often made before they did accomplish it." (*Pott's Surgery*, Vol. II., p. 203. Phil. Ed. 1818.)



*The Knife Operation.*

The most popular and the most fashionable method among surgeons, and the one most universally adopted, is that by incision with the knife; yet it does not necessarily follow, however, from these circumstances, that this method is the most scientific, the most rational, and the most effectual.

Modern surgeons, unlike the ancient, contend that the great difficulty in curing an anal abscess, or an anal fistula, is not the callous or the induration by which it may be surrounded; but it is the action of the sphincter ani muscles. This, say they, is the grand obstacle to the healing of all sores in this situation; hence, they contend that nothing but a division of one or both of these muscles, by which they are set at rest for the time being, will ever effect a cure. If, indeed, the action of the sphincter ani muscles is really the cause of arresting the healing process in all sores in the anal region, as contended for, then surely the grand remedy, the knife, which can at once completely put to rest one or both of these muscles, must be the true, certain and rational method of treating those diseases; for the theory and the practice exactly correspond. Now, all this certainly appears very plain, very simple, and very plausible, and might to a superficial observer, be sufficient to convince him of its truth, and at once induce him to put it into practice, especially, as the operation is one among the most simple and easy to perform in surgery. But I deny, however, that the action of the sphincter muscles is the chief cause, or indeed any cause in preventing the healing process in anal abscesses, or in anal fistulæ; and I deny too, most emphatically, that simply dividing with the knife these muscles, or the fistulous passages, is a certain and an effectual remedy for the cure of those diseases. It is most surprising that the continued and most signal failures of the knife operation in those instances have not induced more surgeons to pause and to inquire

whether there might not be something wrong, either in the theory, or in the practice, to account for the ill success that generally attends this operation. I assert it, and that too without the least fear of a successful refutation, that the chief causes which operate in preventing or arresting the healing process in the two diseases named, are the following: the depending position of the part; the large amount of lax cellular membrane which invests the part, and in which granulation is always tardy; the large number of veins that are distributed to this part, and their great liability to congestion; the passage through the fistulous canals of either the thin portions of the feculent matter, intestinal gases, pus, mucus, or any thing else; and the unfitness of the opposing surfaces of the lining membrane of those abscesses, or fistulous passages, to unite, and thus become obliterated. These, I repeat, are the chief causes which tend to retard the process of granulation and of cicatrization in these diseases, and not the action of the sphincter ani muscles.

The mode of operating for a complete fistula, according to Dr. Bushe, is as follows: "After the patient is placed in the usual position, for operating on this region, the surgeon should introduce his right or left fore-finger into the anus, according to the side affected; then with a probe-pointed bistoury, he ought to traverse the sinus, and having placed the finger *in ano*, on the extremity of the bistoury, he should cut his way out, either by steadily depressing both hands, or else, by projecting the knife through the anus, and pushing it downwards, and to the opposite side. If the operator be inexperienced, he may first pass a director, and on it, the bistoury. When the fistula does not open externally, the surgeon (says Dr. B.,) may follow one of two methods in the performance of the operation. In the first, the orifice being discovered by the finger in ano, the operator should carry the knife along his finger, dividing the sphincters, &c. In the

second, having hooked a strong probe, and passed it into the fistula, he should press it down, until it appears by the side of the anus, and then cut on the extremity, so as to convert the incomplete into a complete fistula ; after which he ought to finish the operation with a probe-pointed bistoury, as above described."

It is questionable whether this refined operation now really succeeds any better in curing a fistula in ano, than any of the ancient methods named ; whether with all the improvements of the day, with regard to superior instruments and modes of operating, a better knowledge of the anatomy and structure of the parts, the pathology, &c. ; whether, I repeat, with all these advantages, this operation really succeeds in curing this disease with any greater certainty, than the old operations already named ? But whether it does or does not, it is nevertheless gratifying to know that the nature of the operation, as anciently performed, has been greatly modified, and is much to be preferred to the methods already alluded to ; yet even in its modified form, and shorn as it is somewhat of its most objectionable features, is still by no means free from pain, from danger and uncertainty, and must always occasion a grievous infliction of uncalled for suffering. I care not, however, to what perfection it has been brought, or may be carried, it cannot succeed in the majority of cases ; the very principle is a bad one, and should therefore be abandoned. The following are my main objections to the knife operation. It is very ineffectual, very uncertain, even when performed by the best surgeons, and under the most favorable circumstances. It has frequently to be repeated as often as two, three, four and five times, and even then failing. I am well acquainted with a highly respectable and intelligent gentleman of Louisville, Ky., a commission merchant, who submitted to twenty-two incisions for an ordinary fistula in ano, before he was cured. This gentleman might

have been cured in three weeks, without any incision. The operation is by no means as permanent in its results, as it is generally represented to be; the numerous cases which I have cured, in which it had been fairly tested, and signally failed, attest in living characters how far it acts as a permanent mode of relief. The names of a few of these cases will be given at the end of this chapter. Indeed, I have an abundance of the most positive testimony, sufficient to fill a volume, to prove that this operation, in hundreds of instances, has utterly failed, even when judiciously performed by the most eminent surgeons in our country. Such, then, is the glorious uncertainty of an operation which is so often triumphantly referred to as being a complete and permanent cure of this disease. The following language of an eminent medical writer may with propriety be applied to this operation. "The healing of the cut, and the dismissal of the patient, are not always synonymous with ultimate recovery. Too many patients are said to have been cured by operations, which have ultimately failed. Those BLOODY BEACONS, like the false lights of wreckers, have *blazed* but to *betray*; and the surgeon and the patient have often been *lured* on, by their *lying lustre*, to perform and to submit to *barbarous repetitions* of equally unsuccessful BUTCHERY."

The operation by incision, is attended with imminent danger from hæmorrhage. "Among the untoward consequences," says Dr. Colles, "that may result from the operation, is that of hæmorrhage, and you may not be immediately aware of its occurrence, because of the blood not coming out through the wound; although there should be little or no bleeding externally, there may be internal bleeding. What are the symptoms that indicate this internal bleeding? The patient complains of uneasiness about his rectum—he gets weak—he feels an inclination to make water, and tries to make it, but cannot—he strains a good deal, but not a drop



will come; he has great desire to go to stool, which at length becomes so urgent, that he cannot resist it, and then he passes a large quantity of blood by the rectum, and perhaps falls off the *night chair* in a faint. Hæmorrhage is one of the occurrences from this operation that should deter the surgeon from carrying his incision too high up; as, if it extends above the upper margin of the deep sphincter of the rectum, there will be the dilated pouch of the gut, ready to receive a large quantity of blood, with diminished hopes of making an effectual compression on the bleeding part." I cured a gentleman of Pittsburg, Pa., a few years ago, of an extensive fistula ani, who was near losing his life from hæmorrhage caused by such an operation. The benefits conferred on him by the operation, were, that it destroyed the power of the sphincter muscle, so that he could not control his evacuations, and nearly destroyed his life, without curing his fistula. In some cases, the operation, in a short time, proves fatal; particularly in diseases of the chest, from the *effects* of hæmorrhage, even if slight. Nervous exhaustion, *from loss of blood*, may be a cause of death after this operation. I noticed in the chapter on the anatomy of the rectum, that there is sometimes an enlarged or varicose condition of the proper veins of the anal region in old persons, and in those who labor under disease of those parts—such as fistula in ano, &c. In such cases, when these veins are divided, there sometimes follows the most alarming, if not fatal hæmorrhage. There is also great danger of serious bleeding, even if the incision is not extended high up, in cases of anal fistula of long standing, in which there is much induration of the parts. In such instances, the divided vessels are generally unable to retract, and consequently serious hæmorrhage is the result.

The operation is extremely dangerous, from inflammation. It not unfrequently proves fatal from erysipelatous inflam-

mation, which is so liable to extend itself along the mucous membranes. I once saw a case where this kind of inflammation spread rapidly up the rectum, in consequence of an operation on its lower extremity. It terminated fatally, as such cases usually do, when attacked by this kind of inflammation. This operation sometimes causes inflammation of the cellular tissue immediately exterior to the peritonæum, and causes death.

Indeed, it is not easy to pronounce on the amount of danger from inflammation which may follow operations on the lower bowel. I have seen one, and read of several cases proving fatal from mere manual examination; from the introduction of bougies, of the dilator, speculum, &c. Inflammation is liable from these causes, in some particular cases, to be produced, and extend to the loose cellular tissue, immediately external to the muscular tissue; from this, it may extend to the cellular tissue external to the peritonæum, and thus terminate in the destruction of the patient.

Owing to the peculiar anatomical structure of the parts, in females, the operation is always hazardous; especially if carried up into the rectum, in consequence of the peritonæum being so differently arranged. When the sinus is anterior to the rectum, because of the proximity of the vagina, the operation may give rise to *recto-vaginal fistula*, a most aggravated case of which I cured a few years since, in a lady in Kentucky; or it may occasion, as it most always does, permanent inability to control the evacuations of the bowel. Quain, of London, in his work on diseases of the rectum, says, "I have been informed by Mr. Copeland, that he had under his care a female who for many years suffered from this grievous distress, (inability to control the evacuations,) and was rendered by it unfit for society, on account of a free incision in the direction adverted to, made by an eminent surgeon, for the cure of a fistula."—(p. 108). The other

sex are also liable to have this most grievous evil inflicted upon them by this operation. They are often, after submitting to it, rendered permanently incapable of retaining either the intestinal gases or their stools, and they pass involuntarily. This truly is a most deplorable condition to be left in, even if cured of the anal fistula. Nineteen cases of this description have come under my own observation; and in but five, was the original disease really cured. Let no surgeon therefore tell me that such an effect cannot result from the operation, or that it is an exceedingly rare occurrence.

This operation is objectionable on account of the pain; indeed, it is one of the most painful operations in surgery, owing to the large number of nerves distributed to this region. This objection, however, in the majority of cases, is now obviated by rendering the patient insensible by chloroform.

In order to give the reader some further information with regard to the beauties of this refined operation, as now practised, and the necessity of the invaluable agent, chloroform, I will quote a few remarks from one of Dr. Colle's lectures, who was an uncompromising advocate for the knife in this disease, and who was for thirty years professor of surgery in the Royal College of Surgeons of Ireland. "Now, supposing a fistula had no opening into the rectum, that it was what is called a blind internal fistula, you will often find considerable difficulty in pushing the bistoury from the fistulous canal through into the rectum, and particularly if there was much distance or thickness of parts between them; from pushing it in an awkward manner, *I have more than once seen the knife break, and half its blade left in the wound.* The manner in which you are to proceed is *to scrape your way through*, by repeated touches of the knife, until you come to the gut, when you can easily push it through its coats. Now, when you have gotten the point of the knife

into the gut, you are, of course, to cut it out, and this is a part of the operation that many surgeons bungle at;—I have seen a surgeon use so much force, in pulling the knife through, that when, by some accidental turn of his hand, the knife suddenly cut its way out, *he was near falling on his back*; the way you are to cut through the parts is by a *sawing motion*, &c. There is another very different appearance of the external opening of a fistula from what I have described—instead of the little fungus projecting from the opening, and the opening itself small and hard, round its edges, you will sometimes find the opening a mere slit in the skin, the edges of which are flabby, and sometimes overhanging—the slit is sometimes the length of the eye of the probe;—if you operate on this patient, this will happen—that although your incision was but just of the proper extent when made; yet (and it is a curious fact) in a few days it will be *like a chimney*, so large that you can see up it,—there will be a profuse discharge from it, and dreadful pain. I remember a man coming to the hospital one morning, in this state, and one of the pupils, who just saw him, asked him if he was cut for fistula with a *spade*!! In such a case, the patient cannot live three weeks after the operation.”

The numerous failures, injuries and fatal terminations of this operation, should, like *beacons*, warn us of its danger, and urge us to the adoption of some other means for the cure of this disease. This we are conscientiously bound to do; hence I prefer to cure this disease by the safest, mildest, simplest, most effectual and most unostentatious method; and the success of my practice in the treatment of this disease for the last eighteen years, forms the best corollary to the value of my method. There is, therefore, no necessity whatever for subjecting individuals to an operation, painful and hazardous in the extreme, frequently without any good result, but often much injury. I know from extensive experience, that it



holds out scarcely any chance of permanent benefit. What individual then, in his sober senses, will consent to have his rectum or anus, or both *split open*—to be confined, as in some cases, to his bed for weeks,—to be compelled to wash out the cut, after each stool,—to be subjected to repeated operations of the same kind,—and finally, liable to be rendered miserable for life, when he might be cured by a safe, mild and scientific method? For it cannot be denied that I have cured some of the worst forms of this disease, without the knife or any other painful or dangerous remedy. I am well aware that many are induced to submit to the knife operation, by being assured that they will be more speedily cured; but this is a great mistake. The operation is by no means the cure, as thousands have sadly experienced. Many patients, from hearing surgeons speak of the simplicity, the safety, the certainty and especially the dispatch of the operation, at once imagine that the *cut* is the *cure*; that the operation is performed in a few minutes, and then all is over and all will be well; that its achievements are like Cæsar's conquest,—“*veni, vidi, vici.*” I, however, cure this disease just as rapidly as any knife operator can possibly do it.

Such is a list—a very formidable one even on paper—yet a thousand times more so in practice, of the inefficiency and the dangerous consequences which attend the knife operation. A milder, safer and more certain substitute, candor must admit, would be a boon to humanity. Such a substitute I have practiced for the last eighteen years, and will, in a short time, present it to the profession in another work.

*The Method by Caustics or Escharotics.*

This is one among the most ancient methods of treating fistulæ, and was introduced as before remarked, for the purpose of destroying the induration which usually surrounds fistulous canals, and which was considered the great obstacle

to the cure of fistulæ. Various caustic substances were used for this purpose, either in their concentrated form, or in solution, or ointment; and in order to introduce these caustics to the bottom of the fistulous passages, *turundæ*, or tents were made of different kinds of substances, corresponding in size to that of the sinuses. These tents were then charged or imbued with the caustic, and pushed into the fistulous canals, and their size daily increased until the passages were entirely destroyed. Or a solution of these caustics were injected into the sinuses. Fabricius ab Aquæ Pendente in 1592, in his Latin Treatise on fistulæ, recommends the caustic potash to be put on tents and put into the fistulous tubes; he also recommends a solution of the same, which he calls *lixivio dilutum*. He also recommends the ligature, and says, "We, to draw the ligature the tighter, put in a little turn stick about the middle of the ligature; and by turning this about, the ligature becomes twisted up extremely tight." Dr. Beach, of New York, in what he calls "*The American Practice*," adopts precisely the practice laid down by Fabricius, for the cure of fistulæ. Dr. Beach uses the caustic potash on tents in the same manner; he also injects a solution of the caustic into the sinuses; and when he uses the ligature, he tightens it precisely in the same manner, by twisting with a stick. Dr. B. also injects lye into the sinuses.

"Weak lye," says he, "answers very well. The strength of it can be gradually increased as it may be required; but there is no danger of using it very concentrated—for the cure is expedited according to its strength. This liquid should be injected once or twice a day."—(*American Practice*, vol., 2, p. 190.)

We find that Galen recommended the same practice upwards of fifteen hundred years ago.

"When the fistula is narrow and long," says Galen, "and does not appear to me to contain callus internally, but only

sordes, I first inject lye into it, and then allowing it to remain in the fistula until I expect that the sordes has fallen completely off. I afterwards apply the medicine.”—(*Paulus Aegineta*, vol. 2, book iv., p. 123 : London, 1846.)

We also find that this method was quite common in England in the days of Pott, about one hundred years ago.

“Fear of hæmorrhage,” says Pott, “in making a large division of parts, and a design to destroy callosity, gave rise to the use of caustics for this purpose. By the introduction of them in different forms and manners into the sinuses, that part of the intestine which divides the cavity from that of the abscess, is intended to be destroyed, and thereby the proposed end of making one cavity of two, is to be accomplished, while at the same time the supposed callosity is to be wasted. For this purpose some of the most fatiguing and painful escharotics have been prescribed and used : the pulvis angelicus, the *Lapis Infernalis* (caustic potash) and troches and pastes made with sublimate, arsenic, &c. But this method is so cruel, so tedious and so inexpedient, that I hope it is, by this time, totally out of use. It was founded in error, and tends only to mischief.”—(*Pott’s Surgery*, vol. 2, p. 326.)

“Dr. Daniel Turner,” continues Pott, “who practiced surgery within these few years, used this method in its full extent. In his works may be found an account of his forming tents of the *trochisci e’ minio*, and thrusting them into the sinuses, there to remain until they had produced a sufficient eschar.” “This induration,” says Pott, “and this sort of discharge, are often mistaken for signs of diseased callosity, and undiscovered sinuses ; upon which presumption, escharotics are freely applied, and diligent search is made for new hollows ; the former of these most commonly increases both the hardness and the gleet, and by the latter new sinuses are sometimes really produced ; these occasion a repetition of escharotics, and perhaps incisions ; by which means cases

which were at first, and in their own nature, simple and easy of cure, are rendered complex and tedious." Pott continues, "The *præcipitatis ruber* seems to have been the great external specific of most of our immediate predecessors, and to have been used by them for the very different purposes of destruction and restoration. With this, either in dry powder or mixed with unguent, the tents, pledgets, &c., with which they dressed the sores were spread and imbued. That the same practice too much prevails, they who please, may be convinced."

Dionis says, "There lived in Paris in 1700, one Le Moyne, who acquired great reputation for the cure of fistulæ. His method consisted in the use of caustics—that is to say, with a corrosive unguent, with which he covered a small tent, which he thrust into the ulcer; by which he daily little by little, consumed the circumference, taking care to enlarge the tent daily; so that by the widening of the fistula, he discovered its bottom. If he found there any callosity, he corroded it with his ointment, which also served to destroy the *Coney Burrows*, (sinuses,) and at last with patience he cured many. This man died old and rich, by reason he made his patients pay very well for their cure, in which he was in the right; for the public value things no otherwise than in proportion to the sum which they cost. Those who were affrighted at the thoughts of the scissors, threw themselves into his hands, and though the number of rascally pretenders is very great, they never yet want practice." (*Libri Citati*, p. 411.)

I object to the use of the "*Vegetable Caustic*," for the following, a very few of the many reasons I have:—It is well known that *caustic potash* is one of the most powerful escharotics known, quickly destroying the life of the parts with which it comes in contact, and extending its action rapidly to a considerable depth beneath the surface. It is, therefore,



only fit for destroying excrescences, forming issues, &c. ; and this is the opinion, too, of some of the most eminent surgeons of Europe and America. When we take into consideration that the vicinity of the rectum and anus is invested with such an abundance of free cellular tissue, and that how very prone this tissue is to suppuration, the slightest causes sometimes resulting in it, the very serious objections to such a powerful and penetrating escharotic applied to these parts, must at once be evident to the mind of every intelligent surgeon. I have treated many cases, that had previously been treated for months by this most painful and *torturous* remedy ; and the consequence was, that not only was the disease not cured, but that it actually spread into the contiguous parts. This, too, is almost an invariable result when the general health is not good.

These are but a few of the numerous authorities that might be adduced to prove the antiquity and the injurious effects of the caustic method, and to prove, too, that Dr. Beach's "*American Method*," as it has been styled, never originated in America ; that neither "*the principle*" nor "*the measures necessary to make it effectual*," ever originated either with Dr. Beach or any of his cotemporaries ; but that it was practiced by the ancients and by others, even down to the present day, with doubtless as much success, if any, as it has in the hands of either Dr. Beach or any of those who have adopted his method.

The celebrated Pott reprobated in the strongest manner the caustic method ; that is, the application of the *potential fire* in any, and in all of its forms, together with all other applications which tended in the least to produce irritation of the parts ; including the method of ligature and caustic combined. He also condemned, in no measured terms, the methods which proposed monstrous, cruel and dangerous operations with the knife. In short, he has done more to put

down those various and barbarous methods, and caused a greater and a more complete revolution in the treatment of fistula in ano, than any one surgeon previous to, or since his day. Such were the great improvements he made in the knife operation, that it was universally adopted, and his method has undergone but very slight changes since.

*The Method by APOLINOSE or Ligature.*

This method is as ancient as surgery itself. It was first described, and the manner of introducing it, given by Hippocrates, in his work—*De Fistula*. The ancient ligature used for this purpose, was composed of hemp or flax thread, two or three double, to which were sometimes added horse hairs. The moderns use silk thread, silver, gold or lead wire, &c.

“Hippocrates directs us to pass a raw thread, consisting of five pieces, through the fistula by means of a probe, having a perforation, or a double-headed specillum, and to tie the ends of the thread and tighten it every day, until the whole intermediate substance between the orifice be divided and the ligature fall out. If it remain long, the thread may be sprinkled with the detergent powder, called psarum, or some such powder, and drawn in.” (*Paulus Ægineta, Vol. II., Book VI., p. 400.*) “Hippocrates employed,” says Dr. Coates, “a blunt pewter eyed probe which he armed with his ribbon of thread and horse-hair, and passing its extremity into the rectum, he brought it down with the index finger of his left hand placed in the anus; then withdrawing the probe by this extremity, the ligature was carried through the sinus and anal canal—its ends were tied externally in a sliding knot, and tightened as usual, from time to time, until the septum was completely divided. A similar mode is still in use, except the probe is now made of silver. The chief objection to it is the difficulty of bending the end of the

probe in the rectum without a very painful traction on the septum. This difficulty becomes greater when the internal orifice is located high on the rectum; and it is insuperable when it rises above reach of the finger." (*American Cyclo-pædia of Practical Medicine and Surgery, Art. Anus, Vol. II., p. 144.*)

Celsus describes the method by *apolinose*, and says that it is slow, yet free from pain, but that it may be expedited by smearing the thread with some escharotic ointment. He, however, only proposes the ligature for blind external fistulæ. The following is his direction for its introduction, &c.

"In has demisso specillo, ad ultimum ejus caput incidi cutis debet: dein novo foramine specillum educi lino sequente, quod in aliam ejus partem, ob id ipsum perforatam, conjectum sit. Ibi linumprehendendum vinciendumque cum altero capite est, ut laxe cutem, quæ super fistulam est, teneat: idque linum debet esse crudum, et duplex triplexve, sic tortum, ut unitas facta sit. Interim autem licet negotia agere, ambulare, lavari, cibum capere, perinde atque sanissimo." (*De Medicinæ, Lib. VII., Cap. IV., Art. 4.*)

[The *specillum* (probe) being introduced into these, (fistulæ) an incision should be made through the skin, on the extremity of it; then from this new aperture the probe should be drawn out with the thread attached to its other extremity, perforated for that purpose; then the thread should be seized and its two ends tied together, so that the skin over the fistula may not be too tensely held; the thread should be raw, double or triple, and so twisted that it may form one ligature. In the mean time, the patient may attend to his ordinary business; he may walk, bathe and take his food, as if nothing were the matter.]

The following description of the ancient specillum, which

must have been a kind of double-headed probe or sound, is from Fabricius :

“Il nous suffit seuavoir que *specillum* (qui est le mot Latin de Celse) est un instrument long et rond; du cuivre, d'argent, on de plomb, dequel on sonde les fistules, ayant un de ses bouts plus large, et l'autre plus étroit en vulgaire Italien *stilo*.” (*Chir. ii.*)

[It is sufficient for us to know that *Specillum* (which is the Latin word used by Celsus) is an instrument long and round, of copper, silver or lead, with which fistulæ are probed, having one of its ends larger and the other straighter (or narrower); in Italian, *stilo*.]

Albucasis approved of either the knife, the actual or the potential cautery or the apolinose, according to circumstances. (*Chir. ii.*, 80.) Avicenna used the apolinose, and preferred for this purpose twisted hairs or bristles of a hog, as they would not rot. (*iii.*, 18.) Ambrose Pare approved of the apolinose and incision. (*Chir. ii.*, 380. *Paris*, 1614.) Foubert and Camper likewise practiced the apolinose—the one with a *lead*en thread, the other with a *silk* one. Guido de Cauliaco and Rogerius approved of the ligature. (*Paulus Ægineta*, Vol. II., B. VI., p. 402.) The following authorities can also be consulted on the subject of the ligature in the treatment of fistula in ano: Gackenberger. (*Dissertatio de ligatura Fistularum Ani*. Gottingen. 1784.) Berndoff. (*Dissertatio de ligatura Fistulæ Ani*. 4 to. Erlangæ. 1806.) Lefevre. (*Dissertation inaugurale sur la Fistulæ à l'anús, suivie d'un nouveau procédé pour enpratiquer l'opération par la ligature*. 4 to. *Paris*, 1813.)

The great objection to the use of the ligature, as practiced, not only by the ancients, but also by the moderns, is the irritation and the pain that it occasions, as well as the length of time it requires to effect a cure. These have always been and still are grave and serious objections to its general use,



especially when combined with caustic, as was the ancient custom, and as is now practiced by Dr. Beach, of New York, when he does use the ligature. But is it not possible to improve the method by ligature, so as to overcome these difficulties, and obviate these objections? I think it is; indeed, I know it. It is well known that I sometimes use the ligature; and have done so ever since 1836; and it is also equally well known, that in my hands, it is neither a painful nor a tedious operation; and that the great objections urged by surgeons against its use, as practiced generally, do not by any means apply to the method I pursue in its use, as all my patients can testify upon whom I have operated. When I use the ligature, I never combine it with any caustic or escharotic whatever. I use it in all cases in which the sinus enters the rectum some considerable distance up, which is by no means an uncommon occurrence, nor is it impossible, the absurd and dogmatic assertion of Monsieur Ribes to the contrary notwithstanding; and in all cases in which the general health is not good. But I differ very materially in several essential points from the ancients, as well as the moderns, with regard to the material of the ligature, its thickness, its introduction, its tightening, its fastening, &c., matters of the greatest importance in its scientific and proper use. I do not use saddler's silk, either single or double; neither do I effect the tightening "*by the sliding knot*;" "*by tying as firmly as the patient can bear*;" or "*by rolling on or twisting with a piece of wood or metal*;" or by the invention of Dr. Luke, of London, or the cork invention of Dr. Hill, of Cincinnati. All these are inconvenient, ill contrived, and most bungling methods. When I use the ligature in any case, the material is always *raw* silk, of which I make and use three particular sizes, which I have found applicable to all cases, the largest size being less than any ever used before for this purpose.

I have also a new method of introducing, of tightening and of fastening the ligature. These several highly important and useful improvements in the use of the ligature, I claim as my own, having practiced them ever since 1836, in the successful treatment of upwards of three hundred cases of fistula in ano.

The peculiarities of my method are, that it occasions scarcely any pain whatever; that a radical, a perfect cure is effected with much more certainty, with no danger whatever, and in as short a time as it possibly could be done by the knife operation; and in a much shorter time and with much less pain and inconvenience than by the caustic method; that my patients at all times are enabled to attend to their business, not being confined at all to their beds or their rooms, nor prevented from freely exercising or moving about anywhere, by either pain or by complicated dressings. This is always of the greatest importance, especially if the general health is not good, where exercise in the open air is so very beneficial, and where the least confinement might be so very deleterious. These matters, however, and all others growing out of this subject, will be more thoroughly investigated in my forth-coming work on Anal and Rectal Diseases.

Some of those surgeons who advocate the knife, and the knife only, in the treatment of anal fistulæ, and who imagine that I use the ligature in all cases, are constantly in the habit of representing my practice as being the old and long discarded and exploded method of the ancients, which say they, is now entirely obsolete and completely substituted by the knife operation, and never practiced by any but by quacks, &c. If my method is really as they represent it to be, it certainly seems to succeed most admirably in my hands; yes, equally as well, if not a great deal better, than the knife operation in their hands, which, by-the-by, is nearly as ancient as any

other. My method, as far as the ligature is concerned, is neither altogether ancient nor altogether modern ; but a combination of both.

I am never in the habit of undervaluing, in the least, what has been done, said and written on the subject of this disease, either by the ancients or by the moderns. I consider all that has been done, as so many stepping stones towards perfection.

It is too much the practice of the present day, for physicians to arrogate to themselves the whole merit of the present state of medical science, which they may have aided in improving ; wilfully shutting their eyes to the fact, otherwise sufficiently obvious, that they have merely made a few strides in advance of a great many which had been made long before them, by those who preceded them, and under much less advantageous circumstances.

On the subject of this disease, no small degree of praise is especially due to the ancients, those noble Greek, Roman, and Arabian physicians, the representatives of three of the most intellectual nations of mankind, who first found the correct road, and made no inconsiderable advancement in it.

“Surely, every age,” says the translator of Paulus *Ægineta*, “ought to endeavor to benefit by the experiments, whether successful or otherwise, of all preceding ones, instead of every generation commencing a new series of trials, and wandering over the same grounds, in search of truth which had been long ago discovered ; or, in stumbling through the mazes of error, without regarding the beacons set up by their fathers, to direct the footsteps of their descendants. If the wisdom of antiquity be entitled to high reverence in any case, it surely is so in medicine, founded, as this art especially is, on general observation and experiment.”

In 1845, Dr. Luke, a distinguished surgeon of the London Hospital, was very much in favor of the ligature in the

treatment of fistula in ano, having treated nine cases by this method. He invented some instruments for introducing and tightening ligatures. No sooner was it known, however, that Dr. Luke was using the ligature in the treatment of this disease, than his brethren pounced down upon him in a most unmerciful manner; since then we hear nothing more of Dr. L. and the ligature, except that he now prefers the knife operation. Dr. L. evidently must have had but an imperfect knowledge of the use of the ligature, or he would not have so soon abandoned it; unless by so doing he consulted his own ease and comfort. The truth is, the ligature requires considerable more attention from the surgeon than the knife operation; hence he will be very apt to adopt that method by which his own ease and comfort would be promoted. And this too is one reason why so many surgeons denounce the ligature, or any method but the knife, especially those surgeons who live in large cities and have an extensive practice. They have only time to cut the fistula, and let it take its own chance; if it gets well, why, well and good, if not, they can soon repeat a similar operation. In the language of John Bell, "Operations have come at last to represent as it were the whole science of surgery. The position of a pure operating surgeon is one which is false to the profession, and dangerous to the patient. The *cacæthes operandi* totally destroys the requisite patience for a fair trial and investigation, and in place of a reliance upon the ordinary means of relief—the failure of which arises from non-perseverance in their employment, leads to the substitution of extraordinary and dangerous experiments."

The knife operation for fistula has claimed the attention of the first surgeons in the world; feelings in its favor, transmitted for years, and strengthened by education, have become peculiarly strong; and it is only by the united influence of experience and observation that they can be



dissipated, and any other method become the subject of sufficient attention to be adopted.

The advantages of the peculiar method I adopt in the treatment of fistula in ano, over the knife operation, consist in obtaining a cure more certainly, easily, safely, and in a shorter period of time; in avoiding pain and the danger of hæmorrhage, and in permitting the patients to continue their usual avocations; and what is still more important, the advantages of my method are, that it can be effectually employed in every variety of fistulæ, but especially in those cases in which the knife operation is extremely dangerous, ineffectual, impossible, or out of the question; such, for example, as burrow deeply into the soft parts around the anus, or extend high up into the rectum, and beyond the reach of the finger, or such as occur in consumptive patients, or that depend upon some disease or alteration of the ischium (hip bone), the coccyx, or sacrum, &c.

*The Natural Cure of Fistula in Ano.*

Spontaneous cures of anal fistulæ are of rare occurrence; yet occasionally an isolated case does occur, in which the fistula will close without any surgical interference. Such cases have been reported by several surgical authors, Pott, Ribes and Velpeau among the number. I have met with four cases of this character in my practice, in each of which the fistula had been complete. The spontaneous cures of this disease convinced me most thoroughly at a very early period of my professional career, that it could most certainly be cured without the knife operation, as nature had most emphatically demonstrated; although I had been taught to believe that which some of the most enlightened surgeons of the present day constantly teach, that to attempt to cure a fistula in ano without the knife, was both chimerical and preposterous; or as Dr. Syme, of Edinburg more elegantly

expresses it—"The inefficacy of all remedial measures for curing fistula, except by the knife, still remains unquestioned, unless by inaccurate observers, or unprincipled empirics." (*On Diseases of the Rectum*, p. 19: *Edinburg*, 1854.) It would be well if this presumptuous dogmatist, Dr. Syme, would study nature's method of curing this disease, and learn from her the first lesson with regard to the correct treatment of it.

The composition of the tissues composing fistulous passages being contractile, they, like all other tissues of the organism, contract as soon as they cease to give passage to any liquid or discharge; their parietes approach each other, they unite and finally change into a fibro-cellular chord, which sooner or later, partially or entirely disappears. A case of this kind came under my own observation in New Orleans, in March, 1847. A black boy aged twenty-five, the property of Mr. P——, of South Carolina, died of pneumonia. Two years previously, however, this boy had a large and complete fistula in ano, which in one year afterwards had entirely closed up and got well without any medical or surgical treatment whatever. A post-mortem examination enabled me distinctly to feel the remains of the fistulous canal, which I completely dissected out. It measured three inches in length, and was from two to three lines in diameter—its parietes being firmly united, and having precisely the appearance and the feel of a chord. Since then two similar cases have come under my notice.

It is in this way, then, that nature herself cures fistulous passages. A new action takes place in them, they gradually cease to give exit to their accustomed discharge, their cavity consequently contracts and becomes capillary, a union of their parietes takes place, and finally they are converted into a fibro-cellular mass, resembling a chord, which may sooner or later altogether disappear. A knowledge of these phe-

nomena, relative to fistulæ, is of vast importance to their successful treatment.

*Letters from those afflicted with Fistula in Ano.*

The reader's attention will now be called to a few brief extracts from letters. These were written by those who labored under this disease; and the object in publishing them is to familiarize persons with the nature, causes, symptoms and consequences of this formidable malady, and acquaint them with the results of the popular treatment of it; so that they may avoid, as much as possible, both. Those persons speak a language which cannot be mistaken. They were not deceived themselves, neither can they deceive others; as this is, by no means, an imaginary disease. By diffusing this kind of information, it is not the intention to excite the groundless fears of any, but to call their attention to the early symptoms, so that they may secure the best surgical aid that may be near them, at an early stage of the disease. It will also go very far towards exposing the many empirics who are "going about, seeking whom they may devour!"

LETTER A.

The following letter was written by Mrs. ———, who had a fistula ani, caused by leech bites, which her family physician had applied to hæmorrhoids. I subsequently cured her of her fistula, and she remains well to this present time, (now 1855.)

*M———, Ky., December 30, 1842.*

DR. BODENHAMER :—Sir—I take the liberty of addressing you a few lines on the subject of my ill health. Since my father saw you, I have been mending slowly, and am now able to go about the house. Since I have got better of the piles, I have noticed an abscess formed inside of the bowel, which discharges a large quantity of matter daily. On the outside, there is a substance about the size of a pea; it feels hard like a gristle, and by pressing on it, it causes the discharge of the matter from the inside. Sometimes I thought that matter came out of this lump externally. The lump

is situated at the back part of the anus, and immediately under the back bone. It was at this spot that one or two of the leech bites never got well, and I am convinced that they caused this sore lump, and the abscess under it. When I stool, and immediately after, I suffer very severe pain. I am also troubled with a most distressing burning and itching of the parts, especially at night. I expect to visit you in eight or ten days. Please write me immediately, and inform me how long you think I will have to remain under your treatment.

Respectfully, &c.

#### LETTER B.

C——, *Ohio, January 17, 1842.*

DEAR DOCTOR:—Through the recommendations of the Rev. Mr. C——, of the Reform Church, and the Rev. Mr. P——, of the Presbyterian Church, I have been induced to address you. The object of my communication is to inform you that I have, what my physicians call, fistula in ano. I have had this disease about five months, and within this time, I have had two operations performed on me, with the knife, by Drs. L—— and M——. It is unnecessary for me to describe my case, for I intend, as soon as I receive your answer to this letter, to visit you forthwith, determined never again to submit to another operation. The doctors proposed to operate again, stating that they think they did not cut up the bowel high enough, and that the next cut will cure me, &c. But each cut, so far, has rendered me worse, and I sincerely regret not having heard of you before submitting to those horrid operations.

The writer of the above letter was Mr. David Adams, who, at that time, kept an upholstery and furniture store in Cincinnati, Ohio. I cured him of an extensive *fistula in ano*, in the Spring of 1842; now thirteen years ago,—New York, May, 1855.

#### LETTER C.

C——, *Ill., April 16, 1842.*

I was first afflicted with fistula about fifteen months ago, after a long period of suffering from chills and fevers, peculiar to this climate. It remained in an inflammatory state, without any formations of matter, for about three months. Our physicians appear to have known little or nothing about it, merely recommending ointments, &c. It was very painful while sitting. In the summer of 1841, copious discharges commenced from a small orifice on the left side of the anus, and within a short distance of it. The discharge was of a bright yellow color, and, at times, very offensive indeed. I washed it daily with castile soap and cold water. During this time, I



was severely troubled with flatulency; irregular shiverings, followed by great heat and night-sweats. Its progress since has been painful, troublesome, and with aggravated symptoms; the most disagreeable of which are a painful tenesmus or bearing down, occasional strong pulsations in the abscess, and offensive discharges; leaving the neighboring parts much heated and irritated. It is probably a blind external fistula, as I have no sufficient evidence of an internal opening. I have been thus far particular in describing my case, so that you might form some estimate of it before I came on to see you.

I never heard anything further from this gentleman. He was clerk of the court of ———.

## LETTER D.

*L—— G——, Ohio, October 2, 1842.*

DEAR DOCTOR :—In communicating with you, I need not make any apology. The object of my letter is to inform you, that about one year ago, a very painful swelling commenced on the left side of the anus; and while suppuration was going on in it, I suffered the most severe pain, attended with fever. In five days it pointed, and the matter was let out with the lancet. It continued to discharge, and in January, 1840, I had the usual operation performed with the knife, about two months after its appearance. The operation was, I think, judiciously performed, but it has not resulted in a cure. I confined myself to my room all winter, and thought the cavity was filling up well, but my hopes were blasted. It is now as bad as ever.

The author of the above letter was Dr. W. Shields, of Locust Grove, Ohio. I cured him in the Spring of 1845; now ten years ago.

## LETTER E.

*V——, La., July 27, 1841.*

DR. BODENHAMER :—Dear Sir—A friend the other day, directed me to you, for advice in a case of *fistula*. At the present writing, it has been six weeks since the disease made its appearance on the left side of the anus, in three places. For the last four weeks, I have had the advice of two able physicians; they have operated with the knife; but two of the cuts seem incurable; it appears impossible to heal them.

In a subsequent letter, dated September 1st, 1841, he writes :—

DEAR DOCTOR :—Your polite note, dated August 10, came duly to hand last Saturday. Please accept my thanks for your prompt reply. Relative

to my case, at present, I scarcely know what to think; I am not well, and still under the advice of Drs. J—— and P——, both skilful surgeons and practitioners. My situation is truly deplorable, the wounds are not healed up, and but little hopes of their doing so for weeks to come, and perhaps never. At this time, I cannot leave my business. It would be fatal to do so. Sometime in October or November, I will visit you, and put myself under your care.

I regret exceedingly to say, that this gentleman, sometime after writing the above, and before visiting me, met with a serious accident, by which he lost his life.

## LETTER F.

H——, *Ala.*, Jan. 6, 1841.

DEAR SIR :—My attention was called, a few days since, by a friend, to your card on fistula, &c. For more than four years I have been afflicted with fistula in ano. It formed without my knowledge, and first attracted my attention in consequence of its continued itching. Apprehending that it would ultimately impair my general health, I determined to undergo an operation with the knife. I went to Philadelphia, and placed myself in the hands of Dr. ——, an eminent surgeon. Upon examination, the fistula was found, after having passed up the rectum spirally, about two inches, to have entered the bowel. I was operated on in the usual way, but not successfully. I have recently discovered a new sinus, immediately opposite the old one. My surgeon says that my fistula was caused by the piles. But I was never conscious that I had piles; for if I had, they never gave me a moment's pain. There is a constant discharge of matter from the sore, and I suffer very much pain, since the operation; before, I suffered none. My age is thirty-three, and my general health good.

This gentleman was a merchant. I never heard any thing more from him.

## LETTER G.

C——, *Mo.*, December 7, 1842.

DR. BODENHAMER: Dear Sir—I heard some time since, that you had cured Mr. Noah Spears of a fistula: he is personally known to me. This has induced me to address you on my own account. I have also the same disease. Several years ago, I noticed that something was wrong, from an intolerable itching, occasionally, about an inch from the anus, to one side. Some two years ago, I discovered that a small opening had formed, out of which a small quantity of acrid matter was continually discharged. This

has lately increased very much, and causes great pain. In other respects, my health is tolerably good. If nothing interferes, I shall visit you as soon as the river opens, which, I fear, will not be before spring.

The writer of the foregoing letter is my kind friend, Eli E. Bass, Esq. I cured him in Louisville, Ky., three months after the date of his letter, now twelve years since; and he remains well to the present time, 1855. He resides near Columbia, Boone Co., Missouri.

## LETTER H.

*M—, Ala., March 17, 1841.*

DR. BODENHAMER: Sir—Having heard, through a valued friend in Kentucky, that you are very successful in treating diseases of the rectum and anus, I have taken the liberty of addressing you on the subject, being afflicted with that horrible disease called fistula. I have suffered dreadfully for about ten years with this malady, and have had recourse to various remedies, without receiving any benefit. Several physicians to whom I applied, have advised me to have recourse to the knife; but the pain, danger, and uncertainty attending this operation, have hitherto deterred me from it. It has now become very extensive; three sinuses having now formed, which extend considerably into the bowel. My age is fifty-five, and my general health not good. My situation is such, that it would be attended with great pain and inconvenience to me, if I have to go the distance from here to where you reside.

I never heard any thing further from this gentleman. He was a clergyman.

## LETTER I.

*F—, Va., Aug. 16, 1841.*

DEAR DOCTOR—I have just heard that you are remarkably successful in treating various diseases of the lower bowels. I have been laboring under one of those diseases called fistula, since March, 1840, at which time there came a sore, about one inch from the anus, which gave me a great deal of pain until it broke out and ran freely. As it continued to discharge and not heal up, I became alarmed, and called on a physician, who examined it, and found that the sinus ran straight up into the intestine. He got his probe up about two inches. I had frequently before felt the wind come out of the external sore. The doctor tells me I cannot be cured unless this canal is laid open with the knife. I understand that you do not use the knife or any dangerous or painful remedy. I am a farmer, my age is forty-four, and my

general health tolerably good. I wish you to write to me as soon as you receive this, and say what time would be most favorable for me to visit you ; how long I will have to remain, and as near as you can, what my boarding in your place will cost, and what your bill will be, &c. I forgot to name that this place breaks and heals up once almost every week.

I cured this gentleman about two months after the date of his letter, and two years after he still remained well.

## LETTER J.

F—, Ky., June 30, 1840.

DR. BODENHAMER : Dear Sir—Permit me, though a stranger, to inform you that I am afflicted with that tormenting disease, *fistula in ano*. I think it was occasioned by riding a hard-going horse. About eighteen months ago, a hard lump made its appearance at the side of the anus, like a bile, which was finally lanced by a physician, and which continued afterwards to discharge a thin, acrid matter. My general health is far from being good, and I am constantly suffering pain in the part, as well as in my back and hips. I have heard of your skill in the treatment of such diseases, and intend to call and see you. I am fearful of the knife.

The writer of the above is a clergyman of the Methodist Episcopal Church. He subsequently called on me, and upon examination, I found a complete fistula in ano, complicated as I thought with phthisis. I advised him to defer having his fistula treated, until his general health improved, thinking I would never see him again. I heard nothing further from him, until a few months since, to my great surprise, I saw him in this city, entirely restored to health. He informed me that soon after leaving me, his fistula, as well as his disease of the chest, commenced improving, until he got well of both, without either medical or surgical treatment. Louisville, Ky., 1846.

## LETTER K.

M—, Ky., Jan. 12, 1838.

DR. BODENHAMER : Dear Sir—Though a stranger to you, I take the liberty of writing you on a subject of much importance to me. I was attacked more than a year ago with a disease called fistula. I was a perfect stranger to such a disease, never having heard of it, until I inquired



of physicians. A tumor formed and broke, about an inch from the anus, which, I thought, was nothing but a bile, and had it not continued to discharge matter, I would have still thought it a bile. I, at times, suffered a great deal of pain. All the surrounding parts are hard and callous, and I can feel something like a cord under the skin, running towards the bowel. I have taken a great deal of medicine, and am very much reduced. For the last two or three years, I never have a stool without taking some kind of pills. I suffer much pain in my back and hips, and great derangement of the urinary organs. My eyes are also constantly sore; and I have thought it was caused by this disease.

The writer of the above is a farmer. I cured him about two months after the date of his letter, and he remains well to this present time, 1846.

## LETTER L.

S—, *Ky., May 5, 1841.*

DEAR SIR—I have lately seen your card, in which you propose to treat all diseases of the rectum and anus. I have a disease which my physician tells me is fistula. About two years ago, a rising came on, situated between the lower end of the back-bone and the anus. When it was lanced about eighteen months ago, it commenced to pain me more than ever, and continues to discharge freely ever since. I am now sixty-nine years of age, and if I was cured of this horrid disease, and could get my bowels regulated, I could still enjoy excellent health. I have taken bushels of pills within the last three or four years, to keep my bowels regulated; but they seem only to relieve for the present.

This old gentleman was cured by me some short time after writing the above. I saw him in 1843; he was then well, and had no occasion to resort to his pills.

## LETTER M.

C—, *Ky., Nov. 17, 1839.*

DEAR SIR—At the request of Mrs. T—, of this county, I write you. She has a fistula in ano, which has now nearly spread all around the anus. She has been cut three times for this disease, all to none, but the very worst of purposes. The last operation was performed by Professor M—, of C—. The cut was extended far up into the rectum. This last operation was performed last April, and the gash still remains unhealed, and a new

place is forming on the right side of the rectum, where there is a hardness and a constant large discharge.

I never heard further from this case. Death, I suppose, relieved the patient.

## LETTER N.

B—— C—— H——, Va., Aug. 27, 1841.

DEAR SIR:—I see from your card, that you have met with great success in curing fistula in ano, without having recourse to the knife. I have had that disease about eight years, and have tried many remedies for the cure of it, without success. *The knife I am determined never to submit to.*

The above was written by a highly respectable physician. I have never heard from him since.

## LETTER O.

M—— N——, Tenn., Sept. 14, 1840.

DEAR SIR:—I have been plagued with a fistula for the last twelve months. A small lump came near my lower bowel, which troubled me much by itching, and occasionally a darting pain through it. I counselled a physician, who told me to leech it freely, which I did. It was also blistered, but all to no purpose. It finally broke, and it now issues a thin watery matter. The mouth of the opening shuts every now and then, and breaks out again and runs. While it runs freely, I do not suffer any pain, but as soon as the opening closes, it begins to pain me, until I either open it myself, or it breaks. When it pains me much, and wants opening, I frequently ride on horseback, which soon breaks it, and gives me relief. The matter often galls me very much, especially in warm weather. The opening is about an inch and a-half from the anus, and there is a gristly substance running from the opening up to the anus. I frequently find that the wind comes out of the opening, and when my discharges are thin, some little comes down from the bowel, and out of the opening.

This gentleman I subsequently cured.

## LETTER P.

R——, N. C., Sept. 1, 1840.

DEAR SIR:—I have been kindly informed by a friend, of your great skill in the treatment of fistula and other diseases. I have been annoyed for several years with a fistula in ano. It has nothing peculiar in its character, it is a simple fistula, sometimes discharging freely, and at other times less so. I have consulted various physicians, and tried many remedies, all

to no purpose. The last physician whom I tried, was from New York. He told me he could cure me without the knife, which I was truly glad to hear, for I greatly dreaded the knife. He showed me Dr. Beach's work, in which he recommends the vegetable caustic; it appears that Dr. Beach has cured many cases. This doctor commenced my case by Beach's plan, and continued it for six months; at the end of which time, I was rather worse than better; and the treatment was almost impossible to bear. After he found that he could not cure me, he advised me to go to Dr. Beach; but I believe that I would rather be operated on with a knife, than to submit again to have it burned out with caustic. The object of my writing you is, to know whether your treatment is similar to Dr. Beach's, in this disease, as this same doctor who attended me, when I told him what I had heard of you, remarked that your method must be Beach's, he knew; but the gentleman who informed me of you, said he thought it was not. I am fearful that the distance between us is too great, for me to visit you, if I conclude to employ you in my case, and if it is necessary for me to be with you.

I never heard any more from this gentleman. With regard to my method of treating diseases of the rectum and anus, being Dr. Beach's; there is nothing more foreign from the truth. This falsehood has been again and again repeated, especially at a great distance, where my treatment is not known. I neither *cut* nor *burn* out these diseases, but am opposed to both.

## LETTER Q.

M——, O——, July 20, 1844.

DR. BODENHAMER: Dear Sir—I lately saw a merchant from your city, who told me that you could cure fistula without the knife, and named many persons whom you have cured, some of them were well known to me. I have had that disease for the last two years. About two months before it broke out, I felt a dull heavy pain in the bowel, extending to the small of the back, and whenever I went to stool I suffered severely. My urine was high colored, and I could never pass it, only when I was sitting down, while at stooling. It completely disqualified me from business. I had two of the best doctors in this place, but they did me no good. I imagined that it must originate from my urinary organs, and concluded to visit a celebrated *water-doctor*, (not a cold water doctor,) who resides at ——, and to whom persons from all quarters go, to be treated for all diseases.\* He appears

\* In reading my friend's description of his water-doctor, the temptation was so

to give pretty much the same medicine for all cases ; yet he is truly celebrated for making many cures. I applied to him, and at once he told me that my disease was in my kidneys, and that he could soon cure me. I remained under his treatment about three weeks, and gradually grew worse, and at length got so bad, that I could not return home. I finally dismissed my water-doctor, and called in another physician, who gave me a large dose of pills, which operated very severely, and while straining at stool, an abscess near the lower end of my bowel broke, and about one pint of corruption came out at once. In eight days from this time, I was entirely relieved from all my pains and suffering, and enabled to go home. But this place has continued to discharge matter ever since, and has terminated in what I told you, fistula.

This gentleman was cured by me six months after the date of his letter.

*Publications from Persons cured of Fistula in Ano.*

*From the Western Citizen.*

MR. LYLE :—Feeling myself under obligations to Dr. Bodenhamer, of this place, and believing it to be my duty to publish anything that might be of service to the afflicted, is my apology for troubling you with the following short notice, to which I feel assured you will cheerfully give a place in your useful paper.

In the year 1836, I was attacked with that terrible and obstinate disease, called *fistula in ano*, under which I labored for some months, suffering great pain. I was told by physicians that there was no cure but by an operation with the knife, and was preparing myself for it. In the Spring of 1837, I was advised by a friend to go and see Dr. Bodenhamer, and, although a little faithless, I went and submitted to his treatment about seven or eight weeks, in which time I was entirely cured, and have remained so ever since, which has been near nine months.

My reason for not making this publication sooner, was for the purpose of letting time test the cure.

NOAH SPEARS.

*Paris, Ky., Feb. 26, 1838.*

great to quote Butler's description of Sidrophel, that I could not resist it. Butler writes—

“ To whom all people, far and near,  
On deep importances repair ;  
When geese and pullen are seduc'd,  
And sows of sucking pigs are chows'd ;  
When murrain reigns in hogs or sheep,  
And chickens languish of the pip ;  
When butter does refuse to come,  
And love proves cross and humorsome ;  
To him with questions and with urine,  
They for discovery flock, or curing.”



Eighteen years have elapsed since I discharged my friend, Mr. Spears, cured. He is still free from his old disease, and in the enjoyment of good health.

*From the Western Citizen.*

MR. LYLE—Permit me, through the medium of your paper, to add my humble testimony in favor of the successful treatment of *fistula in ano* pursued by Dr. Bodenhamer, of this place. In performing this duty, I feel no ordinary degree of pleasure, I assure you. About two years and a half ago, I was attacked with this most obstinate and loathsome disease. It commenced by a tumor forming, about an inch from the termination of the rectum. This tumor was lanced, from which issued a large quantity of matter. It could not be healed, and upon examination there were found four or five sinuses (or openings) running in different directions. One of these penetrated the rectum very high up. These sinuses were lined with a hard, callous flesh, and they continued through one external opening, to discharge a thin and acrid matter. I applied to several eminent surgeons who all informed me that there was no other method of curing the disease, at all, but by an operation with the knife, and that in my case it would require quite an extensive and formidable operation, and that I must submit to this or die. I concluded, at that time at least, to run the risk of dying rather than run the risk of perhaps being killed by an operation with the knife; believing it to be, from extensive testimony, a very inefficient method, at any rate, of curing the disease. As soon, however, as I knew to a certainty that Mr. Noah Spears, of this place, was effectually cured of this disease, by Dr. Bodenhamer, without the knife, I immediately submitted to his treatment; and although I did not, as I should by all means have done, follow his directions with respect to diet and exercise, yet he has perfectly cured me. It is now about three months since, during which time I have enjoyed as good health, and continue to do, as I ever did in my life. The number of cases that Dr. Bodenhamer has cured within the last year, renders it no longer a matter of controversy whether the disease can be cured without the operation of the knife.

FRANKLIN HUTCHISON.

Paris, Ky., July 4, 1838.

My friend, Frank Hutchison, has been cured about eight years, and is still in the enjoyment of perfect health, 1846.

*From the Western Citizen.*

MR. LYLE: Dear Sir—Having been cured of an inveterate fistula in ano, by Dr. Bodenhamer of this place, I feel it a duty I owe to him, as well as others who may be afflicted in the same way, to make it known to the public.

Will you be so kind, therefore, as to publish this in your paper? I was attacked with this disease, in October, 1837. It commenced by a tumor forming near the rectum, which finally broke internally, and was lanced externally, from which continued to issue a most acrid matter. The discharge continued to grow worse, which affected my general health very much. Hearing of the success of Dr. Bodenhamer in curing this disease without an operation with the knife, I determined to apply to him, and did so last April. Since about the first of October last, I have been entirely well, and my general health nearly as good as it ever was. I would recommend to any person afflicted with this disease, to apply to him, being firmly of the belief that his skill and method of cure cannot be surpassed. I might have added that I was not confined to the house during the time I was under Dr. B's. treatment, and might have attended to ordinary business.

J. D. Cook.

*Bourbon County, Ky. Jan. 17, 1839.*

The following letter is from W. Huston, Esq., of the late firm of January, Huston & Co., Maysville, Ky. Upwards of seven years ago I cured this gentleman, and it affords me great pleasure to announce that he is still in excellent health. 1846.

*To the Editor of the Paris Citizen.*

DEAR SIR—Aware, as I am, of the prejudices existing in the minds of many against Dr. Bodenhamer's mode of treatment of the disease called fistula in ano, and that the use of the knife has been, and is still by many, regarded as the only effectual method of cure, I would here bear testimony to the fact, that I, with many others, have been cured—effectually cured of this disease, by Dr. Bodenhamer, and would now request you to publish in your paper, the following statement of facts in relation to my case :

“In the spring of 1837, I had a tumor formed near the rectum, resulting in a fistulous ulcer, which I regarded as a mere ulcer, and treated it accordingly. It, however, did not get well under the usual treatment, but continued until September of the same year, when I had it probed and examined by my physician; when we ascertained that a sinus had formed in the direction of the rectum, and terminating, as we supposed, just without the *sphincter* muscle. I was advised by my physician to have the sinus laid open with a knife, which was done to the extent that the sinus could be traced with a probe. After the expiration of some eight or ten weeks, the wound was healed, but it did not result in a cure of the disease. The disease returned again much in the same form as at first, and continued so until the following spring, when I went to see Dr. Bodenhamer, of Paris,

Ky. I remained with him or under his care about six months, and had the delightful satisfaction of being cured of this very loathsome disease. The case with me was protracted unusually long, in consequence of the peculiar seat of the disease and difficulty of treating it. In many other cases that have come under the care of Dr. Bodenhamer, the cure was effected, to my own knowledge, in less than half the time. In my case, the deranged state of my general health operated, among other causes, to retard the cure.

I cannot close this communication, without adding the expression of my unfeigned gratitude to Dr. Bodenhamer for his kind, gentlemanly, and unre-mitted attention to me while under his care. Very respectfully, yours,

WILLIAM HUSTON.

*Maysville, Aug. 6, 1840.*

The following is an extract of a letter written by Mr. Payne, a gentleman of Woodford county, Kentucky, whom I cured of a fistula in ano, to Mr. Evans, of Versailles, Kentucky, who had a brother laboring under the same disease, whom I since also cured, and who had been operated on three times with the knife.

*Woodford County, Ky., April 10, 1840.*

MR. EVANS: DEAR SIR—I received your letter late yesterday evening, and hasten to comply with your request. I was attacked with a fistula in ano, about two years before I applied to Dr. Bodenhamer. It commenced by a small tumor forming, about one inch from the end of the rectum, causing but little pain at first, not more than an itching: it at last broke out, and discharged a quantity of matter, and became so painful that I could scarcely sit at all. I became alarmed, and applied to Dr. Dudley, who told me what it was, and said I could not be cured in any other way than by an operation with the knife, and gave me medicine to prepare for it. While preparing for an operation, I made extensive inquiries, and learned to my satisfaction that it was dangerous and uncertain. I determined to let the disease take its course, and did so for a long time; but it continued to grow worse: so much so, that I was confined in the house nearly all the time, and a great portion of the time to my bed. I heard, by mere chance, that Dr. Bodenhamer, of Paris, Kentucky, was curing the disease without the knife. I applied to him one year ago last January, and he cured me in a short time. His treatment was quite mild indeed, and I was not confined to my room a single day. My general health is now as good as ever it was. I would advise your brother to go to Dr. Bodenhamer immediately, by all means, if he has to be hauled in a bed; the sooner he goes, the better—as he has no time to lose. Dr. Bodenhamer has cured cases so far gone, that they were mere skeletons, and in a manner entirely helpless, and he has

restored them to perfect health. He has cured a number who have been operated on, some as often as four or five times, with the knife, and given out to die by other physicians. Tell your brother I will warrant him to be cured, and that in a short time, if his lungs are not materially affected. Boarding, in Paris, can be had for three dollars per week, and Dr. B's. charges are not by any means extravagant. The poor who are unable to pay, he cures for nothing. Respectfully, your friend,

LEWIS T. PAYNE.

About eight years ago I cured my friend, Mr. Payne, of Midway, Ky., and quite a recent letter from him announces that he is in excellent health, 1846.

*To the Editor of the Western Citizen :*

DEAR SIR :—I feel a peculiar pleasure in giving my testimony in favor of the method pursued by Dr. Bodenhamer, of Paris, Ky., in treating fistula in ano, having been effectually cured of that disease by him. Sometime after the disease made its appearance on me, I applied to an eminent physician of Maysville, who informed me that I must submit to an operation with the knife, in order to be cured ; but when the time arrived, I declined, fearing the result. I then put myself under the care of a physician who proposed to cure me without operating with the knife. He treated my case about four months ; but owing to the severity of the treatment, and the fact that I was getting no better, I determined to apply to Dr. Bodenhamer ; I accordingly came to Paris and put myself under Dr. B.'s care, and remained about five weeks, during which time he cured me. His treatment was so mild that I scarcely suffered any pain whatever. My general health, too, commenced improving immediately, and is now as good as it has been for a long time. I would recommend all persons laboring under diseases of the *rectum* and *anus*, to apply to him, being assured that they will never regret it.

Respectfully, yours, &c.,

JOSHUA BURGESS.

*Mayslick, Mason County. Ky., Aug. 23, 1840.*

Six years ago, I cured my friend, Mr. Burgess, and he remains well to the present. Previous to my curing him, he had employed a physician who treated him according to Dr. Beach's method, *caustic potash*, &c., 1846.

*To the Editors of the Louisville Journal :*

GENTLEMEN :—I feel that I would be guilty of a dereliction of duty in omitting to add my testimony to that of so many others, in confirmation of



the skill of Dr. Bodenhamer, of Paris, Ky., in the treatment of that most obstinate disease, called by surgeons, fistula in ano. Permit me, therefore, although a stranger, to request you to publish my cure in your extensively circulated paper: not only for the benefit of Dr. B., but for the benefit of those who may be afflicted in the same manner. All such I do earnestly request to make immediate application to him. He has cured a large number, some of whom have been operated on with the knife, several times, without being at all benefited.

About five years ago, I sustained an injury near the rectum (or bowel), by riding a wild horse. A tumor formed and broke, and left a large abscess, from which three *sinuses* (or openings) ran in different directions; one of which penetrated the bowel high up. These were hard and callous, and from them there was a constant discharge of thin and acrid matter. My general health suffered very much. I had a constant pain in my back and hips. All the physicians I consulted, advised me to be operated on with the knife, as the only method of cure. This I determined never to submit to, on account of its uncertainty, painfulness, and danger. I happened, by mere accident, to hear that Dr. Bodenhamer had cured Mr. William Huston, commission merchant, Maysville, Ky., who had been previously operated on; and that he had cured many others without the use of the knife. I immediately left my home, (near Greencastle, Ind.,) and applied to him, and continued under his treatment about eight weeks, and a perfect cure was the consequence. His treatment was mild, and I was not confined to my room.

AMBROSE DAY.

*Greencastle, Putnam Co., Ia., Feb. 2, 1840.*

I have just heard from Mr. Day. He is in excellent health. It is six years since he was cured, 1846.

*From the Frankfort (Ky.) Commonwealth, May 21, 1844.*

*Owen Co., Ky., May 10, 1844.*

MR. EDITOR:—Dear Sir—I may do the public some good, at least those who may be afflicted, as I once was, by calling their attention to the fact, that in January, 1839, I made application to Dr. Bodenhamer, then of Paris, Ky., but now a resident of the city of Louisville, to be treated for the disease now quite common, called *fistula in ano*. This disease made its appearance on me in the Spring of 1838, during which time I had submitted to an operation, with the knife, for its cure. This operation, (as is too common in those cases,) instead of curing me, greatly tended to aggravate the disease. I was strongly urged to submit to another operation, by being told that nothing else would cure me; in the mean time, I had heard of Dr. Bodenhamer, to whom I applied, as stated above, and the consequence was a perfect cure. This was done by no hazardous operation, with but

little pain, and scarcely any confinement. It now astounds me when I hear of persons submitting to such uncertain, unnecessary, often dangerous, painful, and always cruel operations for those diseases, when they might be cured by a much more scientific, rational, and effectual method, by Dr. Bodenhamer, whose experience, in such cases, is not surpassed by any physician in this country. Dr. Bodenhamer is a gentleman and a man of science, and justly deserves encouragement.

Your friend,

JOEL HERNDON.

In a letter from my friend, Mr. Herndon, received a few weeks since, he announces that he remains entirely well, 1846.

*From the Louisville Tribune.*

DEAR SIR:—Having been afflicted with what is called a *fistula in ano*, for some four years, occasionally suffering very much, and feeling assured that unless the disease is cured, I must necessarily linger out my days with little profit to myself and fellow-man, I came to the conclusion to make an effort to be healed, and dreading the operation with a knife, I concluded to place myself under Dr. Bodenhamer, of Louisville, Ky., who advertises to cure without the use of the knife. I was under the doctor between five and six weeks, and am now perfectly well and healthy, and can say that I suffered but very little under the treatment. I would advise all those afflicted with the above disease, to call immediately on Dr. B., in whom they will find all the traits which characterize the gentleman, philanthropist, and man of science.

A. HATCHITT, JR.

*Hebardsville, Ky., July 19, 1844.*

*From the Louisville Tribune.*

MR. EDITOR:—It is with great satisfaction I acknowledge my indebtedness to Dr. Bodenhamer, of your city, for the excellent health which I now enjoy, being in as perfect health as I ever was. I was first operated on for fistula in ano, by the late Dr. H. G. D., of Brandenburg, Ky., without any benefit. I then placed myself under the care of Dr. G., of Louisville, who also operated on me with the knife. I remained under his care about a fortnight, without being benefited. I then placed myself under the care of Dr. B., and without the use of the knife or any painful remedy, I find myself relieved from any symptoms of the complaint. I have been working hard, and using as much exercise on horseback and otherwise as I ever did, without any inconvenience or annoyance from the disagreeable disease.

Yours with respect,

EDWARD R. HARDISTY.

*Brondenburg, Ky., July 25, 1844.*

I have just heard from both Mr. Hatchitt and Mr.

Hardisty. They are both in perfect health, and have been since I cured them, (1846).

*From the Scioto Gazette.*

MR. ELY :—You will please give the annexed one or two insertions, and charge to our account. I feel it due to Dr. Bodenhamer, to make this statement to the public. His moral character is unimpeachable ; he has never failed of curing those who come to him in time.

Feeling assured that you would publish any thing calculated to subserve the interests of humanity or science, I would respectfully request you to publish the following facts :

I have been laboring under hæmorrhoids, or piles, for fourteen years past, the last four of which in their most aggravating forms. They finally terminated in what is called a fistula in ano, an abscess formed at the side of the anus or bowel, which broke internally, and externally, and discharged matter from both openings, thus making a complete fistula in ano.

The sinus or opening in the rectum or bowel, was almost half an inch up the same. For about six months before I was cured of this most distressing disease, I suffered the most excruciating pain, and a considerable portion of that time was confined to my bed. I was advised by my friends to submit to an operation with the knife as the only remedy. To this I could not consent, until I had at least tried other remedies. I accidentally heard of the successful treatment of Dr. W. Bodenhamer, of Paris, Ky. I wrote to a gentleman of that place, who kindly forwarded me the certificates of several respectable men, who had been entirely cured by Dr. B. I determined at once to go to Paris, and put myself under his care. I arrived in Paris on the 21st of January last, and remained there just five weeks, and returned home, I am happy to say, "a sound man." My general health has improved very much.

Dr. Bodenhamer's mode of treatment is very mild. I was not confined to my room a single day, was able to attend to ordinary business. During my stay at Paris, I became acquainted with several gentlemen who had been entirely cured of this disease, by Dr. B. Some of them had been operated on with the knife two or three times, without success.

I would earnestly recommend those who are laboring under this distressing disease, to avail themselves of the services of Dr. B. without delay.

Respectfully, yours,

GEORGE PORTER.

*Piketon, Ohio, March 16, 1842.*

About three weeks since, I received a letter from my friend Mr. Porter, in which he says his health is excellent, (1846.)

*From the Quincy (Ill.) Whig, April 24, 1844.*

MR. EDITOR—Dear Sir :—I take great pleasure in calling the attention of the afflicted to the card of Dr. Bodenhamer, which you publish in your paper. His acknowledged skill and success in the treatment of the diseases named in his card, need not my testimony to establish. I cannot, however, on the present occasion avoid expressing my decided approbation of both. Nearly two years since, I was attacked by what is called *fistula in ano*. A large abscess formed at the side of the lower bowel, and continued to discharge matter until I was cured last fall by Dr. B. I was under his immediate care about six weeks; was not confined to, my room, and suffered but little pain. I was induced to apply to Dr. B., by my friend Captain Gliem, of St. Louis, who was cured by him of the same disease, having previously submitted to two operations with the knife. My advice to all afflicted with any of those diseases, is to make immediate application to him, and I am certain that they will never regret it. By publishing this in your paper, you will confer no small favor on me, and subserve the cause of science and humanity.

Respectfully,

JOHN FIELD.

*Quincy, Ill., April, 1844.*

I received a letter from Mr. Field about one year ago. He was then in the enjoyment of excellent health, (1846).

*Glasgow, Ky., Sept. 18, 1845.*

DR. BODENHAMER—Dear Sir—Yours of the 7th inst. was duly received, in reply to which I am happy to say to you that I am entirely restored to health, which no man can enjoy while laboring under that dreadful disease called fistula; which disease I was greatly afflicted with; but by your superior skill as a physician, I am now clear of it, and feel no symptoms of its return. I am convinced that if all who are so unfortunate as to be afflicted in that way, were to call on you, that they would be entirely cured. Please accept my best wishes for your future prosperity, and success in healing the afflicted.

Your friend, CHAS. R. CROUCH.

I cured my friend Mr. Crouch, about one year previous to the date of his letter. He had labored under an obstinate fistula in ano, for several years.

The gentleman alluded to in the following communication, is Norman T. Cherry, Esq., of Cherryville, Tennessee. In 1841 I treated him for a desperate fistula in ano; and the following letter from his brother, announces the gratifying intelligence that he is perfectly cured.



Cherryville, June 25, 1845.

DR. BODENHAMER :—Dear Sir—Yours of the 30th ult. is at hand. You wish to know whether my brother's old disease is permanently cured. I am happy to inform you that it is. He says, however, at times he experiences some effects, not perhaps of his old disease, but a kind of itching humor—nothing more. He is entirely satisfied that his fistula is cured, and that it will not return. He would like however, to know of you whether this itching humor partakes any thing of the nature of fistula.

He most cordially wishes you much success at your new place of location.

I am most respectfully yours,

C. W. CHERRY.

Little did my friend when writing the above letter in 1845, think that he himself was to be attacked in 1851, of equally as extensive a *fistula in ano* as his brother's, and that I would in the spring of 1852, in New Orleans, cure him of the same; yet all really came to pass. My friend C. W. Cherry, Esq., resides in Memphis, Tenn., and remains well of his disease to the present time. New York, May, 1855.

*From the Louisville Journal.*

MESSRS. EDITORS: As I am about to leave your city, after having been cured of a most inveterate disease, will you be so kind as to permit me to make a few remarks relative to it through your valuable journal. About four years ago, I was attacked with a disease called fistula in ano, which completely disqualified me from attending to my business. For four long years I have suffered the most intense pain from this wretched disease, and from the treatment adopted by the various surgeons and physicians that I employed in my case. I have been operated on with the knife by the most eminent surgeon of Cincinnati, where I reside, and I have been burned, repeatedly burned, with the various kinds of caustic, &c.; but all to a worse than useless purpose. About five weeks ago, I placed myself under the treatment of Dr. Bodenhamer, of your city, who has entirely cured me, without knife, caustic, or any other painful remedy.

Very respectfully, yours, &c.

A. WILSON.

Louisville, July 5, 1847.

The following letter was from the late and lamented Judge L. Saunders, of Clinton, La., who was truly one of nature's noblemen. The Judge died of chronic diarrhœa, at some one of the Virginia springs, in 1848. In the fall of 1841, he was successfully treated by me for a very extensive fistula in ano

of ten years standing. He had previously consulted two of the first surgeons in New Orleans, who proposed treating his case by the knife operation; but the Judge declined the operation, and visited me at Paris, Ky., and placed himself under my treatment.

*Clinton, La., January 17th, 1842.*

DEAR DOCTOR: I am most happy to inform you that I continue entirely free from any evidence whatever of a return of my old enemy, the fistula. When I wrote you, in November last, I had some little fears, as the parts still remained a little tender. This tenderness has, however, long since entirely disappeared, and I am now satisfied that the cure is complete, as it is more than three months since you dismissed me cured, it being on the fifth of October last. I assure you, doctor, I never cease to think of you, and of the very safe, simple, painless, but yet effectual manner by which you succeeded in curing me of this disagreeable disease. I universally recommend you to all my friends who are afflicted with any of the diseases for the cure of which, you are so distinguished.

Continue, my dear friend, to accept assurances of my most cordial respect and esteem.

L. SAUNDERS.

DR. W. BODENHAMER, Paris, Ky.

The following note was from my friend, the late and lamented Col. Butler, one of South Carolina's noblest sons, who gloriously fell in the battle of Churubusco, in Mexico, on the 20th of August, 1847. I treated Col. Butler at Louisville, Ky., in the summer of 1846, for a complete fistula in ano. His disease was caused by chronic diarrhoea, which he had contracted whilst in Texas, treating with the Indians, he having been one of the commissioners appointed for that purpose. His note is without date, but was written sometime in December, 1846, whilst on a visit to New Orleans from Mobile, where his regiment was quartered previous to leaving for Mexico.

*St. Charles Hotel, Wednesday evening.*

DEAR DOCTOR:—I called at your office this morning; but you were not in. I leave for Mobile to-morrow, and as I shall be very busy, please call at my room, adjoining the gentleman's parlor at nine o'clock, A. M., as I am very anxious to see you, and to introduce you to one of the officers of

our regiment, who wishes to consult you in relation to his father. As regards my own case, I am entirely well of the fistula, ever since the first of September last. The fistula did not entirely heal for several weeks after I left you, doubtless in consequence of the irritation kept up in the parts by occasional returns of diarrhœa. I have frequently spoken of you and your method of treating those diseases, to several of my friends who are afflicted, some of whom will no doubt consult you.

Very truly yours.

P. M. BUTLER.

DR. BODENHAMER.

*Cases of Fistula in Ano Cured.*

The reader's attention is respectfully called to the following, a few more of the numerous cases of Fistula in Ano, which have been successfully treated by my peculiar method. Were I, however, to detail all the cases I have cured of this one disease alone, during the last nineteen years, they would fill a good sized volume. By far the largest number of the cases here presented, had previously been examined or had undergone treatment by other surgeons and physicians. No names of ladies will be given in this work; and those only of gentlemen who have voluntarily proffered them to the author for the good of the cause.

Case 1. James M. Allington, blacksmith, Flat Rock, Ky.; cured during the summer of 1838.

Case 2. James B. Blair, aged 45, farmer, Moorefield, Ky.; cured in the fall of 1838.

Case 3. David Trimble, aged 41, farmer, Nicholas Co., Ky.; cured in the fall of 1839.

Case 4. Charles Timberlake, aged 37, saddler, Paris, Ky.; cured in the fall of 1839.

Case 5. Abraham McNees, aged 63, farmer, Harrison Co., Ky.; cured in the winter of 1840.

Case 6. Joseph Paxton, aged 36, carpenter, Paris, Ky.; cured in the fall of 1840.

Case 7. Daniel Smith, aged 32, constable, Nicholas Co., Ky.; cured in the fall of 1840.

Case 8. Col. Philip C. S. Barbour, aged 54, farmer, Oldham Co., Ky.; cured in the fall of 1840.

Case 9. J. D. Towles, aged 16, Lewis Co., Ky.; cured in the summer of 1840. This boy was previously twice operated on with the knife.

Case 10. Stephen B. Tilden, Jr., aged 17, Chester, Illinois; cured in the spring of 1841.

Case 11. Robert H. Tarlton, aged 19, Brookville, Ky.; cured in the spring of 1841.

Case 12. Edmund B. Barker, aged 35, plasterer, Williamsburg, Ky.; cured in the summer of 1841.

Case 13. William Ragland, aged 28, merchant, Carthage, Tenn.; cured in the fall of 1841.

Case 14. David Fort, aged 53, farmer, Smithland, Ky.; cured in the fall of 1841.

Case 15. Isaac H. Jones, aged 44, farmer, Triadelphia, Va.; cured in the fall of 1841.

Case 16. Allen D. Miller, aged 34, farmer, Fulton, Mo.; cured in the fall of 1841.

Case 17. Robert L. Wright, Esq., aged 26, farmer, Wheatland, Loudon Co., Va.; cured in the fall of 1841.

Case 18. James Sidener, aged 40, farmer, New Washington, Indiana; cured in the fall of 1841.

Case 19. B. F. Wiggington, aged 28, farmer, Columbia, Mo.; cured in the fall of 1842.

Case 20. Thomas P. Duvall, aged 30, machinist, Bourbon Co., Ky.; cured in the summer of 1842.

Case 21. Peter Sapp, aged 19, farmer, Bourbon Co., Ky. cured in the fall of 1842.

Case 22. Mr. Kennar, aged 30, farmer, Pembroke, Ky.; cured in the fall of 1842.

Case 23. Z. M. Blackford, aged 27, farmer, Saluda, Indiana; cured in the winter of 1843. Mr. B. had previously been operated on with the knife.



Case 24. John G. Camp, Jr., lawyer, Sandusky city, Ohio; cured in the spring of 1843.

Case 25. B. B. Ellis, aged 34, planter, Rodney, Miss.; cured in the fall of 1843. Mr. E.'s case was of six years standing, and quite extensive.

Case 26. Captain J. H. Gleim, St. Louis, Mo.; cured in the summer of 1843. Capt. G. had been twice operated on with the knife, and much injured.

Case 27. A. S. Swearengen, Esq., commission merchant, St. Louis, Mo.; cured in the summer of 1843.

Case 28. William P. Gray, aged 38, blacksmith, Bardstown, Ky.; cured in the fall of 1843. Mr. Gray was shot dead by R. L. Wickliffe, Esq., on the 9th of August, 1849.

Case 29. Hon. M. V. Thompson, aged 40, Lieutenant Governor of Kentucky, Georgetown, Ky., cured in the spring of 1844. Mr. T. had both fistula and piles.

Case 30. Jonathan McCaleb, aged 58, planter, Port Gibson, Miss.; cured in the summer of 1844.

Case 31. Thomas J. Likens, aged 27, sheriff of Washington Co., Miss., Princeton, Miss.; cured in the summer of 1844.

Case 32. J. A. Gray, aged 31, grocer, Louisville, Ky.; cured in the summer of 1844.

Case 33. William Montmullen, aged 4, son of John Montmullen, Esq., of Lexington, Ky. This noble little boy was cured in the spring of 1844.

Case 34. General A. S. Burnett, merchant, New Albany, Indiana; cured in the summer of 1844.

Case 35. Mary E. Clark, aged 2, daughter of Mr. Clark, merchant, of Golconda, Illinois; cured in the fall of 1843.

Case 36. Benj. S. Tuley, Esq., near New Albany, Indiana; cured of a most aggravated fistula ani, in the summer of 1842. Mr. T. had submitted to two incisions previously, with no good result.

Case 37. Thomas Haynes, aged 45, merchant, Louisville, Ky.; cured in the fall of 1844.

Case 38. James Buchanan, aged 40, farmer, Charlestown, Indiana; cured in the spring of 1845. Mr. B. had the disease fifteen years, and was once operated on with the knife.

Case 39. Captain J. R. Hamilton, aged 30, Louisville, Ky.; cured in the spring of 1845.

Case 40. John Evans, aged 49, farmer, Clark Co., Indiana; cured in the spring of 1845.

Case 41. William Lientz, aged 70, farmer, Rocheport, Mo.; cured in the spring of 1845. Mr. L.'s fistula ani was of twenty years standing.

Case 42. John Tyson, aged 45, engineer, New Orleans; cured in the summer of 1845.

Case 43. Hon. Albert G. Hawes, aged 45, farmer, Owensboro, Ky.; cured in the summer of 1845.

Case 44. William E. Dickson, aged 18, farmer, Williamsburg, Ky.; cured in the summer of 1845. Mr. D. was twice operated on with the knife previously.

Case 45. Thomas J. Rogers, aged 40, clerk, Louisville, Ky.; cured in the summer of 1845.

Case 46. Calvin M. Rutherford, aged 35, New Orleans; cured in the summer of 1845. Mr. R. had previously been operated on, in Louisville, with the knife.

Case 47. J. D. Darlington, aged 47, clerk, West Union, Ohio; cured in the summer of 1845.

Case 48. Austin L. Peay, aged 42, farmer, near Louisville, Ky.; cured in the fall of 1845.

Case 49. Major Jacob Hikes, aged 62, farmer, near Louisville, Ky.; cured in the fall of 1845.

Case 50. William Boyd, aged 22, Boston, Mass.; cured in the winter of 1846. Mr. B. was twice operated on with the knife previously.

Case 51. Lewis Beard, aged 41, Aldie, Loudon Co., Va.;

cured in the winter of 1846. Mr. B. has been a clerk in some of the departments at Washington City for a number of years.

Case 52. Charles Hall, aged 35, engineer, New Orleans; cured in the spring of 1846.

Case 53. C. B. Black, aged 37, druggist, New Orleans; cured in the fall of 1846. Mr. B. was of the firm of Massey & Black. He was twice operated on with the knife previously.

Case 54. Capt. H. G. McComas, aged 35, Cincinnati, O.; cured in the summer of 1846.

Case 55. M. W. Shields, Esq., aged 40, farmer, Rockford, Indiana; cured in the summer of 1846.

Case 56. Richard Wabbar, aged 63, cooper, Louisville, Ky.; cured in the fall of 1846.

Case 57. M. L. R. Hovey, aged 32, cabinet-maker, Chester, Ohio; cured in the fall of 1846.

Case 58. Jared Davis, aged 30, steamboat steward, Cincinnati, Ohio: cured in the fall of 1846.

Case 59. John W. Cheatham, aged 40, farmer, near Henderson, Ky.; cured in the fall of 1846. His fistula ani was caused by a fish bone.

Case 60. James Miller, aged 45, pedler, Louisville, Ky.; cured in the fall of 1846.

Case 61. G. A. Turner, aged 30, shoemaker, Louisville, Ky.; cured in the fall of 1846.

Case 62. G. M. Kightley, aged 26, farmer, Lagrange, Ky.; cured in the fall of 1846.

Case 63. Conrad Melzer, aged 30, sailor, Germany; cured in the spring of 1847. This man had been previously operated on with the knife in the Marine Hospital at Mobile, Alabama.

Case 64. T. L. Wheat, aged 39, farmer, Salvisa, Ky.; cured in the summer of 1847.

Case 65. W. G. Pitts, aged 30, farmer, near Shelbyville, Ky.; cured in the summer of 1847.

Case 66. Capt. James W. Goslee, of the steamer *Autocrat*, Memphis, Tenn.; cured in 1847.

Case 67. William Ragsdale, aged 31, Memphis, Tenn.; cured in the summer of 1846.

Case 68. Jacob Crizer, aged 50, livery stable, Natchez Miss.; cured in the summer of 1846.

Case 69. Col. T. L. Alexander, U. S. Army; cured in the fall of 1846. He had previously been operated on with the knife, but not cured.

Case 70. John J. Sheridan, aged 48, cabinet maker, Louisville, Ky.; cured in the summer of 1847.

Case 71. A. H. Righter, Esq., aged 49, State Surveyor, Donaldsonville, La.; cured in the summer of 1847.

Case 72. William S. Townsend, aged 32, clerk of Circuit Court, Greencastle, Indiana; cured in the summer of 1847.

Case 73. Samuel Sterett, aged 39, Philadelphia, Pa.; cured in the summer of 1847.

Case 74. William E. Hughes, Esq., Editor "*Louisville Democrat*;" cured in the fall of 1847. My friend, Mr. H., had previously been operated on with the knife.

Case 75. John Noel, aged 55, farmer, near Mt. Vernon, Indiana; cured in the spring of 1847.

Case 76. G. V. Raymond, hat merchant, Louisville, Ky.; cured in the spring of 1847. Mr. R. had previously been treated in New York by Dr. W. Beach.

Case 77. M. M. Cannon, aged 26, carpenter, Harrodsburg, Ky.; cured in the summer of 1847.

Case 78. A. S. Edrington, druggist, Lexington, Miss.; cured in the fall of 1847. Mr. E. had previously been operated on with the knife by Dr. G——, of Louisville.

Case 79. William G. Davis, aged 38, tanner, Elkton, Ky.;



cured in the summer of 1847. Mr. Davis now resides at South Carrolton, Ky.

Case 80. Aaron Mitchell, aged 50, farmer, Mayslick, Ky.; cured in the fall of 1847.

Case 81. E. Justice, aged 47, farmer, Carpenter's Mills, Ky.; cured in the fall of 1847.

Case 82. William Scott, aged 55, farmer, New Franklin, Mo.; cured in the fall of 1847.

Case 83. Col. W. J. Oldham, aged 55, planter, near Memphis, Tenn.; cured in the winter of 1848.

Case 84. R. Milliken, aged 37, sugar broker, New Orleans; cured in the winter of 1848. Mr. M. had been previously operated on with the knife.

Case 85. H. M. Hyams, Esq., lawyer, New Orleans; cured in the winter of 1848.

Case 86. T. R. Patten, Esq., planter, Lake Providence, La.; cured in the winter of 1848.

Case 87. John Finley, aged 37, grocer, Lexington, Ky.; cured in the fall of 1848.

Case 88. Thomas L. Talifaro, aged 22, merchant, Paris, Ky.; cured in the spring of 1848.

Case 89. W. H. Grafton, Jr., merchant, New Cumberland, Va.; cured in the summer of 1848.

Case 90. Harvey A. Rogers, aged 35, farmer, near North Middletown, Ky.; cured in the summer of 1848.

Case 91. W. F. Colston, aged 35, merchant, Louisville, Ky.; cured in the summer of 1848.

Case 92. James G. Robinson, aged 35, farmer, near Warsaw, Ky.; cured in the summer of 1848.

Case 93. J. C. Hemingray, aged 27, lawyer, Hopkinsville, Ky.; cured in the fall of 1848.

Case 94. John J. Barwise, aged 27, New Orleans; cured in the fall of 1848.

Case 95. A. Borie, aged 37, confectioner, Louisville, Ky.; cured in the fall of 1848.

Case 96. Dr. Peter B. Mason, aged 42, farmer, near Danville, Ky.; cured in the fall of 1848.

Case 97. Isaac C. Vanarsdall, aged 45, constable, Harrodsburg, Ky.; cured in the winter of 1849.

Case 98. Philip Zaring, aged 21, farmer, near New Philadelphia, Ind.; cured in the spring of 1849.

Case 99. Peter Carnes, aged 37, farmer, near Cincinnati, Ohio; cured in the spring of 1849.

Case 100. Thomas Dewitt, aged 58, farmer, Murryville, Va.; cured in the spring of 1849.

Case 101. George B. Webster, Esq., aged 50, merchant, Buffalo, New York; cured in the summer of 1849.

Case 102. Samuel Alexander, aged 45, farmer, near Harrodsburg, Ky.; cured in the summer of 1849.

Case 103. J. D. Powers, Cincinnati, Ohio; cured in the fall of 1849; previously treated by Dr. T. V. Morrow.

Case 104. Jenison H. Platt, aged 32, farmer, near Mt. Vernon, Ind.; cured in the fall of 1849.

Case 105. Hon. H. S. Horton, aged 45, merchant, Pomeroy, Ohio; cured in the fall of 1849. My friend, Mr. H., was for many years a Senator in the State Legislature of Ohio.

Case 106. Joseph Alden, Esq., aged 40, Louisville, Ky.; cured in the fall of 1849.

Case 107. John B. Smith, aged 40, planter, near Thibodauxville, La.; cured in the spring of 1850.

Case 108. Eben Wiatt, aged 34, cab-driver, New Orleans; cured in the spring of 1850.

Case 109. William E. Criglar, aged 32, lumber-merchant, Milton, Florida; cured in the spring of 1850.

Case 110. Dr. Williamson, planter, Assumption, La.;

cured in the summer of 1850. Dr. W. had previously been operated on with the knife.

Case 111. J. L. Thielan, Esq., aged 53, cashier in the Sheriff's office, New Orleans, cured in the spring of 1850. My friend, Mr. T., had both fistula ani and piles.

Case 112. A. G. Mayers, aged 38, Fort Smith, Arkas.; cured in the summer of 1850. Mr. M. had a most extraordinary large fistula in ano.

Case 113. Col. J. A. Stockton, Wheeling, Va.; cured in the spring of 1850.

Case 114. Daniel Scott, farmer, near Milton, Ky.; cured in the spring of 1850.

Case 115. H. W. Cood, Esq., aged 28, lumber merchant, Louisville, Ky.; cured in the summer of 1850.

Case 116. Edward Slaughter, aged 3, son of George W. Slaughter, hardware merchant, Louisville, Ky.; cured in the summer of 1850. This manly little fellow's fistula ani was upwards of a year's standing.

Case 117. William R. Webster, aged 19, Brooklyn, N. Y.; cured in the summer of 1850.

Case 118. Thomas Davidge, aged 39, ship rigger, Pittsburg, Pa.; cured in the summer of 1850.

Case 119. John Frisel, aged 41, moulder, Pittsburg, Pa.; cured in the summer of 1850.

Case 120. W. H. Harlan, aged 26, Cincinnati, Ohio; cured in the summer of 1850.

Case 121. T. E. Kerchival, pilot, St. Louis, Mo.; cured in the summer of 1850.

Case 122. B. R. McKennie, Esq., aged 44, editor of the "Nashville True Whig;" cured in the summer of 1850. My friend Mr. McK. had both piles and fistula.

Case 123. J. F. Dowdall, St. Louis, Mo.; cured in the summer of 1850.

Case 124. Captain Lewis Snapp, New Orleans; cured in the summer of 1850.

Case 125. Dr. Thomas Gale, aged 50, planter, Nashville, Tenn.; cured in the fall of 1850. My friend Dr. G. had quite an extensive fistula in ano.

Case 126. Chelium Moore, aged 26, farmer, Benton's Port, Iowa; cured in the fall of 1850.

Case 127. Lieut. J. H. Spotts, U. S. Navy; cured in the fall of 1850. Mr. S. had previously been operated on with the knife, in the navy hospital, at Norfolk, Va.

Case 128. Andrew Richey, aged 41, farmer, near Pittsburg, Pa.; cured in the fall of 1850.

Case 129. William Forgay, Esq., 159 Clinton street, New York, was cured in the fall of 1850. My friend Mr. F. had quite an extensive fistula ani.

Case 130. James A. Gaither, aged 27, lawyer, New Orleans; cured in the spring of 1851.

Case 131. John F. Fisler, farmer, Dudley Town, Ind.; cured in the summer of 1851.

Case 132. Jacob S. Aber, aged 40, Linn, Mass.; cured in the summer of 1851. My friend Mr. A. had previously been treated by Dr. B. L. Hill, of Cincinnati, Ohio, by Dr. Beach's method.

Case 133. William A. Stuart, Esq., aged 42, Columbia, S. C.; cured in the summer of 1851.

Case 134. Isaac W. Hutchison, merchant, Harrodsburg, Ky.; cured in the fall of 1851.

Case 135. Asa Howell, aged 56, farmer, Corcorana, Texas; cured in the winter of 1852.

Case 136. L. G. Phillips, Esq., Assumption, La.; cured in the winter of 1852.

Case 137. George W. Bishop, merchant, Cincinnati, O.; cured in the winter of 1852.

Case 138. R. L. Kay, Esq., aged 38, merchant, Memphis,



Tenn.; cured in the winter of 1852. My friend Mr. K. had both fistula in ano and piles.

Case 139. W. J. Darden, aged 35, overseer, Donaldsonville, La.; cured in the spring of 1852. Mr. D. had been previously operated on with the knife.

Case 140. Hon. E. Hickman, Mayor of Memphis, Tenn.; cured in the spring of 1852. Mr. H. now resides in San Antonio, Texas.

Case 141. John F. Bast, tobacconist, Louisville, Ky.; cured in the summer of 1852.

Case 142. Thomas H. Fowler, aged 21, clerk; cured in the summer of 1852.

Case 143. James H. Parker, Esq., merchant, Columbia, Mo.; cured in the fall of 1852.

Case 144. L. C. Adkins, aged 28, Natchez, Miss.; cured in the fall of 1852.

Case 145. J. A. Flood, aged 27, New Orleans; cured in the fall of 1852.

Case 146. Richard Lancaster, aged 34, Harrodsburg, Ky.; cured in the fall of 1852.

Case 147. Rev. Robert Hysell, Pomeroy, Ohio; cured in the fall of 1852.

Case 148. Benj. Bresback, aged 26, farmer, near Circleville, Ohio; cured in the fall of 1852. Mr. B. had been previously operated on with the knife.

Case 149. Joseph McCreight, aged 38, coachmaker, Louisville, Ky.; cured in the fall of 1852.

Case 150. Wilson D. Stilley, aged 29, farmer, Marion, Illinois; cured in the winter of 1852.

Case 151. Thomas B. Lee, Esq., New Orleans; cured in the spring of 1853.

Case 152. Dr. Lewis Williams, Philadelphia, Pa.; cured in the spring of 1853.

Case 153. E. S. Hunter, jun'r., merchant, Milwaukee, Wis.; cured in the spring of 1853.

Case 154. E. J. Miller, Esq., merchant, Cincinnati, Ohio; cured in the spring of 1853.

Case 155. David Adams, farmer, near Harrodsburg, Ky.; cured in the summer of 1853.

Case 156. John H. McNeal, farmer, near Columbia, Mo.; cured in the summer of 1853.

Case 157. Captain John W. Sketo, aged 46, Little Rock, Ark.; cured in the summer of 1853.

Case 158. Dana Jemison, aged 25, clerk, Covington, Ky.; cured in the summer of 1853.

Case 159. Loyd Campbell, farmer, near New Cumberland, Va.; cured in the fall of 1853.

Case 160. John P. Blangy, aged 35, Cincinnati, Ohio; cured in the fall of 1853. Mr. B. had previously been operated on with the knife.

Case 161. T. C. Woods, aged 31, merchant, Barboursville, Ky.; cured in the fall of 1853.

Case 162. Isaac N. Marks, Esq., merchant, New Orleans; cured in the winter of 1854.

Case 163. John K. Kearney, aged 25, planter, Vernon, Miss.; cured in the spring of 1854. Mr. K. had a very extensive fistula ani, and had been operated on several times with the knife, in New York, the previous summer.

Case 164. P. Oscar Ayraud, planter, Ascension, La.; cured in the spring of 1854. My friend Mr. A. had a very large fistula in ano.

Case 165. John T. Jacob, merchant, Circleville, Ohio; cured in the summer of 1854.

Case 166. Frederick Blackman, New York; cured in the spring of 1854, in New Orleans.

Case 167. James Logan, aged 35, feed store, Lafayette, La.; cured in the winter of 1852.

Case 168. M. M. Caleb, Esq.; agent American Transportation Company, New York; cured in the summer of 1854.

Case 169. Anson Baldwin, Esq., Yonkers, N. Y.; cured in the summer of 1854.

*Colored Persons Cured of Fistula in Ano.*

The following list comprises a few of the most inveterate cases of fistula in ano which I cured in colored persons:

Case 1. George, aged 45, farmer; cured in the summer of 1841. George was owned by Samuel Wallace, Esq., near Midway, Ky.

Case 2. Sam, aged 21, spinner; cured in the summer of 1842. Belonged to Horace Coleman, of Fayette Co., Ky., and worked in the hemp factory of Henry Clay, Jr., of Lexington, Ky.

Case 3. Bill, aged 38, farmer; cured in the fall of 1844. Belonged to George Parker, Esq., near Paris, Ky.

Case 4. Thomas, aged 35; cured in the summer of 1846. Tom belonged to Dr. Strother, of Bardstown, Ky.

Case 5. Isham, aged 40, blacksmith; cured in the fall of 1848. Isham was a most valuable man, and belonged to George J. Rowland, Esq., Louisville, Ky.

Case 6. George, aged 45, farmer; cured in the summer of 1849. The property of G. B. Bates, Esq., near Louisville, Ky.

Case 7. Julia, (a mulatto) aged 30; cured in the spring of 1850. Belonged to H. B. Kennar, New Orleans.

Case 8. Sol Patterson, (free) aged 44, shoemaker, Louisville, Ky.; cured in the summer of 1850.

Case 9. Mose, aged 45; cured in the fall of 1850. The property of Benj. J. Adams, Esq., Louisville, Ky.

Case 10. Jake, aged 15; cured in the summer of 1851. Belonged to G. B. Bates, Esq., near Louisville, Ky.

Case 11. Henry, aged 38; cured in the summer of 1851. Belonged to William S. Scott, Esq., New Orleans.

Case 12. James, aged 37; cured in the summer of 1852. Belonged to Arthur Wallace, Esq., Louisville, Ky.

Case 13. Beverly, aged 35, farmer; cured in the fall of 1852. Belonged to T. H. Wallace, Esq., of Marion, Ky.

Case 14. Harrison, aged 28, farmer; cured in the summer of 1853. Belonged to Major James Harris, near Columbia, Mo.

Case 15. Henry, aged 26, farmer; cured in the summer of 1853. Belonged to P. Chamberlain, Esq., near Louisville, Ky.

Case 16. Malaki, aged 50, farmer; cured in the summer of 1841. Belonged to James Hiter, Esq., New Liberty, Ky.

Case 17. Madison, (free) aged 31, hack-driver; cured in the fall of 1850—Harrodsburg, Ky.

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## CHAPTER VIII.

### ABSCESS NEAR THE RECTUM AND ANUS.

In the preceding chapter, much has been anticipated in relation to this kind of abscess. I have there shown that it precedes fistula, and that the latter is a consequent of the former. The reason that this chapter does not precede that on fistula, as it naturally should do, is in consequence of my not treating as many cases of simple abscess, as I do of fistula. Patients do not, at this stage of the disease, invoke surgical aid, as they by all means should do, but defer it until the abscess becomes fistulous. Hence, in the arrangement of this work, I have placed it where it is.

The vicinity of the rectum and anus is very subject to



various kinds of purulent collections, in consequence of the abundance of free cellular tissue by which it is invested. This tissue, it is well known, is very liable to suppuration, especially in this region, where the slightest inflammations sometimes result in it. This is not surprising, when we take into consideration its dependent situation, its exposure to compression, to contusion, to accumulations of blood, and to numerous other causes.

These abscesses are of various kinds, and may be either independent of disease of the rectum and anus, or be produced by a morbid condition of these organs. I will not, in this work, adopt the division of them into numerous kinds, as some authors do, but simply include all under a few simple heads.

The commencement of an acute phlegmonous abscess of the rectum or anus, may be known to the patient, by increased heat and pain of the parts, followed by a swelling, and by a throbbing sensation, which renders him indisposed to motion, or compels him to remain at rest, by rendering every movement of the parts, as well as the lower extremities, distressing. On examination, if the abscess is about to point externally, an enlargement, or tumefaction, a circumscribed hardness, can be seen and felt. There is great intolerance of pressure, and sometimes a blush, more or less livid, of inflammatory redness of the parts. Sometimes there is a constant desire to urinate, and a difficulty in voiding urine. In a few days, matter forms, and is discharged externally by one or more openings. After which, the pain and inflammation cease. When the abscess points internally, the anal canal becomes diminished in size by the swelling, which imposes a mechanical impediment to the passage of the fæces, and renders defecation excessively painful. Constipation of the bowels, and a great dread of stooling, usually attend such cases. The irritation extends to the bladder and urethra,

and the discharge of urine is attended with difficulty—sometimes impossible. If the finger be introduced into the anus, a round tumor is detected at a greater or less distance from the orifice, encroaching upon the canal; it is often as large as a nutmeg, or larger; well defined, hard, or exhibiting signs of fluctuation, according to the stage of the complaint; and almost always confined to one side of the bowel. In a short time, the tumor breaks into the bowel, and finally causes an internal blind fistula. These kind of abscesses are usually rapid in their progress. Fatigue, deterioration of health, and insufficient nourishment, dispose to this form of them, and in some instances, seem sufficient for their production; while contusions, sitting on wet seats, and riding on horseback, may also be causes of them.

The chronic abscesses of these parts are usually attended with irritative fever. They are generally large, deep-seated, and accompanied with a sense of weight, occasional throbbing, and spasm of the sphincter muscle. The swelling, though not very great externally, is, however, very perceptible to the finger, if introduced into the bowel. The urinary organs sympathize, but do not to the same extent, as in the acute form just described. These abscesses are slow to burst; they usually open externally, but sometimes they open into the rectum. They sometimes come on almost imperceptibly, the cellular tissue and the skin being much less extensively diseased, and not attended with fever and local suffering.

The gangrenous species of abscess, differ very much from the last described; they are usually more extensive. They appear to be various in their mode of attack, and in the rapidity of their progress. The patient first complains of deep-seated pain, by the side of the anus, where a hard point may be easily detected, which soon spreads; then the pain assumes a burning character, there is considerable tenesmus, and great difficulty in discharging urine. All these symp-

toms are much more severe than in any of the other forms of abscess. The swelling becomes diffused, the tension increases, though not to a very considerable extent, and the skin turns livid. Finally, partial openings arise from the mortification of the integuments, and the pus, with portions of cellular tissue, are discharged very slowly. I once saw a case where there was complete sloughing of the parts all round, leaving the anus and the lower portion of the rectum quite bare. This form of abscess occurs in bad constitutions, especially in such as have lived free and luxuriously, and are advanced in life.

The critical abscesses of this region, occur after fevers, and repelled eruptions. They usually resemble the other forms of abscess. They sometimes occur in children after eruptive diseases, one or two cases of which I have met in my practice. In those cases they had become fistulous.

The symptomatic abscesses are those which arise in other organs, and extend downwards by the side of the anus; and those which arise from sympathy with the lungs. The first include spinal, urinary and uterine abscesses. The second occur in those who labor under consumption, of which I will speak in the next chapter. In diseases of the spine, uterus, or urinary organs, or in the soft parts of their immediate vicinity, the collections of matter may work their way downward, until they appear at the side of the anus, without producing any pain, inflammation, or hardness of the surrounding parts. I have treated a number of such kind of abscesses, some desperate and of long standing. About five years ago, I cured Mr. Boone Montgomery, of Decatur, Ohio, of a spinal abscess of long standing. His spine was injured by a fall from a horse. He had submitted to various treatment without benefit. About the same time I cured Mr. O. P. Evans, of Clark Co., Ky., of a spinal abscess, for which he had previously submitted to three operations with

the knife. The following letters from him will be explanatory of his case.

*Winchester, Ky., April 20, 1840.*

DEAR DOCTOR :—About two years ago, I was affected, as I thought, with a bile on the lower end of the spine, which first appeared in the form of a lump as large as the end of my thumb; and continued some six months, coming and going. At last it broke and run, and continued to discharge for some time; it then healed up, and remained about two months; but one day, as I was riding on horseback, it broke again, and run for several months. I applied to Dr. —, who pronounced it a fistulous abscess, and said he could cure it by operating on it with the knife, to which I consented. But the operation did not succeed; so that he was compelled to operate the second time, without any better success. I then applied to Dr. —, who also operated on me, and it appeared to heal up, but it was only on the outside; as it always pained me about the scar and the surrounding parts, until it broke again. There are now three openings, through which are discharged a thin yellow water, sometimes a bloody water. There is another abscess forming in the same neighborhood; it is like a bile, and has been coming for eight or ten days.

The old abscess is about three inches long, and my physicians have told me that it does not enter into my bowel, but up the back bone, which they say is much diseased. It has never been very painful, only when about to rise. It was caused by a fall from a horse. I have never been well since.

This gentleman I subsequently cured, and as far as known to me, he still remains well.

DR. BODENHAMER :—My Dear Sir—I am just in receipt of your invaluable work on Anal and Rectal Diseases, for which please accept my warmest thanks. I see, on the 63d page, that you have published my first letter to you, and at the conclusion you remark, that the individual still remained well, to the best of your knowledge. I can truly say, that I was thoroughly cured when I left you, and have remained entirely well to this day—now about six years. And I can also say, that had it not been for your skill and your peculiar method of practice—which, in my opinion, cannot be surpassed in this or any other country—I might still have labored under this wretched disease. Please accept my very best wishes for your future good health and prosperity.

I am very respectfully, yours,

O. P. EVANS.

*Winchester, Ky., June 3, 1847.*

In the spring of 1845, I cured the Rev. Mr. Elliott, a Catholic clergyman, of Fairfield, Ky., of a spinal abscess of fifteen



years' standing. He had previously been once operated on with the knife. His spine was injured by his being thrown from his carriage. The following is an extract from a letter from him, dated Fairfield, Ky., January 2, 1847.

DEAR DOCTOR :—It was with the greatest pleasure that I received and perused your work on diseases of the Rectum, Anus, &c. It is in my estimation well calculated to benefit a great portion of our fellow beings, were it generally circulated among them. It gives full and satisfactory descriptions of the diseases under which so many labor for years, either because they have a delicacy in making them known, or because the remedy prescribed by their physicians seems more painful to them than the disease itself.

The display alone of the surgeon's knife, and other butchering instruments, is sufficient so cause the stoutest heart to shudder. I can readily conceive how a man's pride and ambition may excite him to what the world calls an honorable settlement of difficulties, or enter into the battlefield; but how any one can quietly and coolly suffer another to cut and dig through flesh, nerves, blood-vessels, and even into his very bowels, and that too at the peril of his life, is almost inconceivable. In the first case, passion blinds and makes a brute of the man; but in the latter, man uses deliberately all that distinguishes him from the brute, and quietly submits to a torture which is more *sensibly* felt than any that was ever experienced in the field of battle.

The world should ever be grateful to the man, who, guided by Divine goodness, has discovered a means of relieving humanity of its evils without inflicting pain. For I can say, with a truth, that during the seven weeks treatment I received at your hands, I suffered nothing—for what I felt did not deserve the appellation of pain; and rather than again submit to the operation of the knife, I would prefer your treatment even for *seven years*.

When making my first visit to you, I fell in company with a very eminent surgeon of —, to whom I communicated the object of my visit to Louisville. He dissuaded me from applying to you, and one of his principal reasons was, that it required at least eight or ten weeks to effect a cure, when the knife would do it in as many days. I observed that this was rather a recommendation than an objection—for I thought that old diseases were similar to old habits: there is danger in a sudden cure, and consequently I should prefer the *weeks* to the *days*; and I have never regretted my choice.

Ky—July 30, 1841.

DEAR DOCTOR :—My sister has consented to employ you, instead of Dr. D—. We will visit you in eight or ten days. She despairs of ever be-

ing cured, having, as you know, been twice operated on by the knife, by two able surgeons of Philadelphia. The last cut extended along the spine at least four inches, and down to the bone, which was actually scraped, as it was thought the bone was much diseased. I asked her particularly, since I saw you, with regard to the cause; she cannot assign any whatever.

This young lady I cured some five months after the date of the above letter. She soon regained her general health, and subsequently married. She was of a scrofulous diathesis.

About sixteen years ago, I cured a negro man belonging to Mr. McDewitt, of Shelby county, Ky., of one of the largest abscesses I ever saw. It was caused by caries of the ischium, (hip-bone). One sinus extended from the hip down to the knee. This poor fellow had previously been operated on by an eminent physician of Louisville. Four or five deep and extensive incisions were made, two extending high up into the rectum.

In the summer of 1850, I cured Mr. Ephraim Jones, of Pittsburg, Pa., of a spinal abscess of eleven years standing. I also in the fall of the same year cured Mr. Joseph C. Allen, (of Harrodsburg, Ky., but now of Henderson, Ky.) of a spinal abscess. All the cases above named remain well to the present time, 1855.

Stercoraceous abscesses, are such as have either a primary or secondary communication with the intestinal canal, into which, portions of fæcal matter enter. Not long since, I opened an abscess at the side of the anus, partaking somewhat of this character. It had no direct communication with the intestine; yet the matter discharged, was of a brownish color, and had the peculiar odor of fæces. This can only be explained upon the principle, that all collections of fluids in the vicinity of the rectum, will imbibe the odor, as well as the color, of the fæcal matter, by *transpiration*, which is now well known to take place through all animal membranes. M. Velpeau lays particular stress on this fact. The patient was a lady in very delicate health.

Traumatic abscesses are induced by the passage of balls, punctures; the irritation produced by the presence of a foreign body—incisions in lithotomy, &c.

M. Ribes relates the case of a lieutenant, “who received a musket ball in the centre of the right buttock, which fractured the tuber ischii, and passed into the rectum, as proved by the immediate flow of blood from the anus, and the exit of the ball on the sixteenth day, by the same outlet. The external wound suppurated freely, and in six weeks had healed; but the right side of the perinæum inflamed, and seemed, from its bluish appearance, about to become gangrenous, so as to lead Ribes to suspect stercoraceous abscess. However, he punctured it, but could not detect any opening in the rectum. On the contrary, he found that the walls of this bowel were much thickened. In a few days he extricated a fragment of bone and some pieces of cloth, after which the abscess healed. I once saw,” continues Dr. Bushe, “a case not unlike this, in a soldier who was wounded in India. The bone, however, was not injured; but the ball passed into the rectum, and was ejected from the anus. The wound in the intestine healed, while the cutaneous one remained fistulous, until I extracted two pieces of cloth from it, several months afterwards.”

Punctured wounds may produce abscesses in this situation. I have seen but one such case, and it was in a porter, who had sustained the injury in climbing a spiked railing. I have seen but one case, in which a stercoraceous abscess resulted from the presence of a foreign body, and this was in the person of a boy, eleven years old, who swallowed, between three and four months previously, a portion of the thigh bone of a chicken, about half an inch long. He had suffered severely before I was called; but the nature of his complaint was not suspected. I laid the parts freely open, and extracted the bone. There are several interesting cases of this kind on

record, of which the following are the most remarkable. Le Dran relates a case which occurred to M. Destendau, of a man, who for nine months labored under a fistula, caused by the lodgment of a piece of bone. Petit mentions some cases of this kind. In one, he extracted a needle, which for six months, had given rise to extraordinary pain, during defecation. In a second, he removed a small triangular bone, which for four or five months, had created great suffering. In a third, there was extensive mortification of the parts surrounding the anus, in consequence of the lodgment of a chicken bone, after a year's duration. Finally, in a fourth, he opened an abscess, which contained fæcal matter and shot. The disease was of ten years standing. Stalpart Vander-Viel relates a case of a man who swallowed the jaw of a fish, and seven months afterwards, had it extracted from an abscess near the anus. Sherman mentions a case, in which a fish bone was swallowed, and discharged twelve months afterwards from an abscess by the side of the anus. Harrison describes a case of abscess which resulted from the retention of an apple core, eight months after it was taken into the stomach. M. de la Payronie extracted a beef bone, M. Febvrier removed a pullet bone, and M. Dubois, a piece of an earthenware pot, from stercoraceous abscesses." (*Bushe on Diseases of the Rectum and Anus*, pp. 237-8.)

Mr. Green tells of a case in which the pelvis of a snipe was removed from a large anal abscess.

These examples should be a warning to persons to beware of what they swallow.



## CHAPTER IX.

### COMPLICATION OF ANAL ABSCESS, OR FISTULA ANI, WITH PHTHISIS PULMONALIS.

THAT there is a connexion between pulmonary disease and anal abscess, or fistula ani, is a point as well established, perhaps, as any other in pathology; yet, by many it is denied, or considered extremely difficult to trace, or of a highly mysterious character. The many cases, however, that have come under my observation, have fully satisfied me, not only of such connexion, but that it may be satisfactorily explained. It is well known that there is a large amount of the cellular membrane investing the lower extremity of the rectum; that this tissue, in this vicinity, has a large number of veins; that these in the last stages of phthisis, can have but little adventitious support, in consequence of the absorption of fat—the emaciation of such cases being strongly marked in the adipose cellular membrane and muscles. Tubercular depositions, in the lungs too, must, in a greater or less degree, interfere with the return of the blood from the veins; and the constant impulse communicated to the anal region by coughing, must also greatly tend to the production of these abscesses. From these considerations, and from the proneness to suppuration in the cellular tissue, we can at once account for the frequent occurrence and concurrence of these diseases, with pulmonary affections. They are associated with phthisis in two different ways—first, as a contemporaneous, but independent accident, and secondly, as a consequence.

Laennec has seldom seen phthisis complicated with fistula, and when it does exist, he does not believe that it exerts any influence over it. He says, "It is a common opinion, strengthened by the adoption of it by Bordeu, that phthical subjects are particularly liable to fistula in ano, which helps to protract the termination of the disease. I have seldom observed this complication, and where it existed, it has appeared to exert no influence over the progress of the case." (*Laennec on Diseases of the Chest*, p. 294.) Andral has come to the same conclusion. He says that he has met with only one instance of fistula in ano, in about eight hundred cases of phthisis. (*Clinique Medicale* tome, IV., p. 307.)

The celebrated M. Louis is also of the same opinion. (*Researches on Phthisis, &c., Translated by Walshe*.) Dr. Clark also states that although he has often met with this affection, (*fistula ani*), he has not been able to trace any connection between it and phthisis, further than its probable dependence on abdominal plethora, which so frequently precedes the latter malady. (*Clark on Consumption*, p. 163.)

The following communication on this subject, is from my friend, the late and lamented Dr. McDowell, formerly of Louisville, Ky., who during his life, treated more cases of consumption, than any other physician in the Mississippi valley, with the exception of my friend Dr. W. W. Hall, the able editor of "*Hall's Journal of Health*," New York.

Evansville, Ia., October 3d, 1851.

DOCTOR BODENHAMER—Dear Sir: Yours of the 29th ult., relative to complications of fistula in ano with phthisis, was duly received. That the complication is frequent, and that the fistula exerts a salutary influence over the phthisis, I believe is the general impression of the medical profession. Yet I am not able to furnish you any valuable personal experience on the subject—never having met with the complication but twice in the whole course of thirty-two years practice. In one of these, both diseases were cured—the fistula first—in the other, both continued unto the death. Yet the well known irregularity of the bowels, in phthisis, the relaxing influence of diarrhœa, and the alternate irritation of constipation,

would seem necessarily to conduce more than ordinarily, to anal ulceration; but the idea of any beneficial influence from this, or from any other intestinal irritation, in the treatment of a disease in which so much depends on the condition of the digestive functions as phthisis does, is unexplained, and I think inexplicable. If the revulsive influence of a counter-irritant were necessary, I should prefer to establish it upon any other part of the body.

I am much pleased to learn that you contemplate the publication of a practical work on a class of diseases—the rectum and anus—in the treatment of which you have been so eminently successful, and am sorry I am able to afford you no more than the above, inconclusive contribution.

Very respectfully.

WM. A. McDOWELL.

As it is my intention to enter most fully into this subject, in my large forthcoming work on diseases of the Anus and Rectum, I will merely state here, that, in eight hundred and fifty-nine patients, some laboring under Anal Abscess, and others under Fistula in Ano, that came under my immediate notice during the last seventeen years, forty-six had confirmed consumption. The great practical point, however, is not whether there is an intimate connection between anal abscess or fistula in ano, and phthisis pulmonalis; or whether these diseases are frequently found together in the same patient; but it is whether the anal abscess, or the fistula in ano should be cured, when either one or the other is found to be present in a phthisical patient. This is the important question.

A very popular opinion prevails, both in and out of the profession, that it is improper to attempt the cure of abscess or fistula, in persons laboring under phthisis, or in those in whom there exists a strong disposition to it; believing that such a disease acts beneficially on the lungs, operating as a sort of derivative remedy, &c. This, to a great extent, is a fatal error, and has proved so in numerous instances. As a general rule, these diseases tend greatly to aggravate the pulmonary affection, by impairing, as they always do, the constitutional powers; therefore, the sooner they are cured the

better. I readily admit, that to attempt to cure them with the knife, would be highly improper, and would hasten the patient to the grave; and it was doubtless in reference to this operation alone, that this opinion was first founded, and not to proper and judicious treatment. It is true, that in all cases where anal abscesses appear in the very last stage of phthisis, when all hope of the patient's recovery is gone, it would be improper as well as useless, to attempt their cure, if it ever could be done. I have seen such cases apparently benefited on the first appearance of an anal abscess; they were unexpectedly, as it were, restored to better health; and their pulmonary disease became quiescent for the time being, but the improvement proved not to be permanent; it did not last long; the discharge from the abscess either dried up or continued, and the patients sooner or later sunk. The patient should, however, under all circumstances, have by all means the advantage which a proper and judicious treatment offers, recollecting that an anal abscess, or a fistula ani, may more frequently be the primary cause of consumption, than the cure of it. I have yet to see the first bad results from attempts at curing those diseases in such patients by my method; it has never been productive of any injury, but on the contrary, in producing the most happy results. Indeed, according to my method, no harm can result in attempting to cure such cases, even if it should not prove successful; but this cannot be said of the knife, which is always pre-eminently fatal in such cases. If I should find my patient getting worse under my treatment, I can at once stop; this cannot be done when the knife is used. I repeat, that according to my method, no harm can result; for if nature finds herself relieved or benefited by a discharge of this kind, she will generally continue it, in spite of the most officious endeavors to the contrary.

About three years ago, I cured Mr. John C. Evans, a



respectable gentleman of Louisville, Ky., of a fistulous abscess at the side of the anus, which he had previously labored under for several months. It was complicated with a serious disease of the chest, and pronounced consumption by the best physicians of Louisville. He was very much emaciated, had violent cough, profuse expectoration, together with night sweats, and hectic fever. All the physicians whom he consulted, advised him not to have any thing done for his fistula ; stating, that if that was cured, it would only accelerate his pulmonary affection, and hasten his death. He consulted me ; I gave him an opinion directly the reverse of this. He however, at that time, still continued to take the advice of his physicians. Three months after this I saw him again, very much worse, and despairing of ever being cured. He however determined to take my advice, and submit to treatment. In about eight weeks I cured him of his abscess, and almost entirely relieved him of his cough, and all other bad symptoms. In nine months, his general health was entirely restored, and now, he is one among our most hearty, stout and hale citizens. This is but one case out of numerous others of a similar character that I might give. I have received and continue to receive, many letters similar to the following :

## LETTER I.

*N——, Ind., Feb. 26, 1840.*

DR. BODENHAMER : Dear Sir—In December, 1837, I was attacked with a most dreadful cough, and pain in my side, something like inflammation of the lungs. I immediately called on a physician who attended me for several months, but did me very little good. I then called in another, who soon got me out of bed, so that I was enabled to attend to business again. But I never got entirely relieved of my cough. About eight months ago, a tumor formed at the side of my bowel, which was very painful for several days, until I had it lanced. It discharged almost a pint of matter, and has continued to discharge ever since. Lately, my cough has got much worse, I have chronic diarrhœa, night sweats, and acid stomach constantly. I spit up a large quantity of the worst looking corruption, and it looks exactly like the matter which comes from my fistula. My physician has

never done any thing for this sore, telling me that if I have that cured, I would die of consumption. I am becoming very uneasy about it, as I believe if I was cured of it, I would get well of my other diseases. I am now scarcely able to walk about. What do you think? Do you think it would do to have this fistula cured or not? Please write immediately, and if you think that it should be cured, I will visit you immediately. I forgot to tell you that I am forty years old; and that whenever I touch the fistula, it brings on a spell of coughing.

I cured this gentlemen three months after the date of his letter, and two years afterwards, when I heard from him, he was entirely well.

## LETTER II.

*M—, Ky., June 16, 1842.*

DR. BODENHAMER: Sir—I take the liberty of asking your opinion of my case. I am laboring under a disease of my lungs, which commenced a year ago. I spent last winter in New Orleans, and while there, was attacked with a fistula in ano, for the cure of which you are no doubt very justly celebrated. A large tumor formed at the side of the bowel, and broke, and has been discharging ever since. Now, doctor, do you think that curing the fistula would interfere with the restoration of my lungs to a healthy state, which my physician says they are gradually attaining? He advises that the fistula should be let alone until my lungs are restored; but I am fearful that in this he is mistaken, as the fistula is a great annoyance to me, and I am certain that it weakens me much. I saw your friend, Mr. F., the other day, whom you cured a few years since. He gave me much encouragement, telling me that when he first called on you, he was in every respect as bad as I am.

This gentleman was prevailed on by his physician not to submit to treatment for his fistula, that he was getting well, &c. In about two months after the date of the above, he died.

Whilst at New Orleans, last winter, a young gentleman consulted me (the first of February, 1846,) for a fistula, complicated with a slight affection of the lungs. I advised him not to delay the cure of his fistula a day, as it was evidently the cause of his other affection, and very much aggravated it. The slightest touch of the probe about the sinus, would

excite coughing. He told me that he was compelled to attend to his business for a month or two, before he could submit to treatment; but that he would see me at Louisville about the first of May. He called on me the first of June, but he had emaciated so, that I could not recognize him. I advised him to return home as soon as possible; that I could not do any thing for him, and that it was impossible for him to live but for a short time. He thanked me kindly for my candor, and told me he seriously regretted the folly of his course, in not taking my advice at New Orleans. He died in three weeks after this interview. Persons should never defer a day, the treatment of such diseases, as they are so liable to terminate in consumption, or some other serious organic disease. A very large number of cases of this kind could be given.

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## CHAPTER X.

### FISSURE OF THE ANUS.

THIS disease was so called by Boyer. It appears to be a very common affection in France, as all the French surgeons speak of it, and it is to them chiefly, that we are indebted for what has been written on the subject. It is a very painful disease, very difficult to treat successfully, and very liable to be overlooked, without a very minute examination, and it is not uncommon in our own country.

#### *Description of Fissure of the Anus.*

This most painful and distressing disease consists in a superficial ulcer, about the eighth of an inch wide, and from a quarter to an inch in length, located within the anal canal,

and most commonly on one or both sides. It is, however, sometimes found on the posterior, as well as the anterior part of the anal orifice. The ulcer is generally superficial and confined to the mucous membrane; but it sometimes extends to the muscular tissue. When the disease is recent, the edges of the ulcer are soft and pliant; but as it becomes chronic, they become hard and elevated. The appearance of the ulcer is generally a bright red; but sometimes it is grayish. It bears a strong resemblance to the cracks or chaps which so often exist in the hands, feet, or corners of the mouth. Its situation may be perceived, as it is generally low down, by simply separating the converging folds of the marginal skin, and gently drawing down the rectum. (Vide Plate III., fig. 2.) When the disease is some distance up the canal, the speculum ani will have to be used to bring the sore into view. It is said that females are more subject to this disease than males, which may be accounted for by the neglect with which the former generally treat the state of their bowels, constipation being a powerfully predisposing cause. It is, however, common to both sexes, and generally occurs in the meridian of life. I have, however, seen it several times in quite young children.

*Some of the Causes of Fissure of the Anus.*

This disease is often caused by hæmorrhoidal tumors or excrescences, and when this is the case, the ulcer will generally be found between two of them. A very common cause is laceration of the mucous membrane of the anal canal, by expelling hardened fæces, the edges of the rent or crevice do not unite and heal, but become hard and elevated, and thus form a fissure. Laceration from the awkward manner of introducing instruments into the anus, such as the pipe of the enema syringe, &c., is also sometimes a cause. For



other causes of this disease, see the chapters on *Pruritus of the Anus*, and *Excrescences of the Anus*.

*The Symptoms of Anal Fissure.*

The intense suffering which this disease occasions, is greatly disproportioned to the extent of the ulcer. Indeed the great distress which is experienced, and the nervous anxiety which is manifested, even by firm-minded persons, are often surprising when the small amount of the local malady is considered.

I have noticed that flatulent distention of the stomach and bowels to be often a prominent symptom in this disease, together with other sympathetic affections. The essential symptoms, however, of the disease, are a burning pain and sometimes a contraction of the sphincter ani muscles. In the early stages of the disease, the pain is not severe, amounting to nothing more than a pricking, stinging, or smarting sensation, at a certain point in the anus. But as the disease advances, the pain gradually increases, and becomes excessive. "The pain is, according to M. Merat, sometimes paroxysmal, which he attributes to the presence of accumulated fæces pressing on the sphincter. At its greatest height, this complaint is, says Velpeau, accompanied by horrible suffering. The patients compare the pain they feel at the moment of an evacuation, to that which would be produced by the passage of a red hot bar. This sensation of burning, is sometimes so severe as to produce an inexpressible anguish, with threatenings of convulsions or syncope. Others say it seems as if something was tearing in the fundamen-  
ment. In the intervals, between the stools, there sometimes remain only smarting or lancinating pains, more or less severe—a sensation of weight, and some griping. On the approach of defecation, on the contrary, the pains become obviously augmented. They do not acquire their greatest

violence until the moment of the expulsion of the fæces, and go on decreasing for some hours. The constipation becomes so obstinate, that the alvine evacuations take place but once in eight, ten and twelve days, if they are not promoted by art. The patients having an incredible dread of going to stool, postpone the moment as long as possible, although they are aware that they suffer more by the delay. Some patients think themselves under the necessity of taking purgatives on alternate days. A woman treated by M. Boyer, resorted to the use of a canula, which she fixed in the anus. A patient at the Hotel Dieu, insisted that he would prefer death to the necessity of going again to stool. Although some persons are able to walk, sit, or occupy many hours in employment during the intervals between their attacks, others are obliged to remain in bed, although they suffer cruelly with the heat and fatigue. In certain cases, the lancinating pains shooting towards the bladder or the uterus, according to the sex, extend even to the greater part of the hypogastrium. Digestion is disturbed. From the fear of evacuations, the patient eats but little, and he loses his natural color. His features soon begin to express the sufferings he endures—so that one might believe that he labored under some profound organic lesion. Spitting, coughing, or even singing; in short, all sudden, or rather strong efforts of the lungs, sometimes aggravate the pain. (*American Cyclopedia of Practical Medicine and Surgery, Vol. II., Art. Anus, p. 118.*)

When the fæces are solid, they are sometimes streaked with blood and matter. The introduction of the finger into the anus, is attended with great difficulty and torture; sometimes producing the most violent spasms of the sphincter muscle. The existence of the disease may often be detected by the mere touch of the finger alone. As soon as the finger comes in contact with the fissure, the most violent pain will be experienced by the patient, and a hard wrinkled chord will

be felt, which will indicate the precise situation of the crack. Pus, as well as blood, is often discharged in small quantities from fissure of the anus. The sufferings of females who labor under this disease, are greatly increased by the presence of the catamenia. "There is one symptom," says Dr. Colles, "that will better explain the nature of this case, than even an examination through the rectum—and it is so constant and so obvious, that I wonder very much it has escaped writers on the subject—it is, that there is always a distinct interval of time, from ten minutes to an hour or more, between the passage of fæces and the occurrence of the pain." (*Lectures*, p. 279.)

"There is sometimes," says Dr. Syme, "a small firm red colored pile, like a pea in size and form, at the base or outward extremity of the fissure, which tends not only to conceal the sore, but to render its exposure more painful. To a practiced eye, indeed, the peculiar form, consistence, and color of this little swelling, render it a good guide to the seat of annoyance; but it more frequently misleads to the idea that there is no local complaint, or only an external hæmorrhoid." (*On Diseases of the Rectum*, p. 126. *Edinburg*, 1854.)

#### *Popular Method of Treating Anal Fissure.*

The popular method of treating this disease, is by dividing both sphincter muscles through the fissure, with the knife. This operation is described by Dr. Bushe, as follows: "The patient should be placed opposite a window, couched on his side; an assistant ought to separate the buttocks, and retain them so during the operation. The surgeon having oiled the fore-finger of his left hand, inserts it into the anus, as far as the second joint, and uses it as a conductor for the knife, having a blade two inches long and one-eighth broad, with a blunt extremity. Having passed the blade flatwise, as high as the superior border of the internal sphincter, he then turns

its edge towards the fissure, provided it be on the side of the bowel, and divides both sphincters, by cutting from within outwards, gradually increasing the pressure, so as to insure the complete section of the external muscle. Provided a fissure exists on the opposite side, it ought to be treated in the same manner." (*On Diseases of the Rectum, &c.*, p. 105.)

This outrageous and unnecessary operation was first performed and recommended by Boyer. Its advocates recommend it upon the principle that spasm or contraction of the sphincter ani muscles is the chief cause of the fissure, and consequently of the pain; hence it is said to be an infallible remedy. It is by no means true that spasm or contraction of the sphincter muscle is the cause of the fissure, or even that it is present in every case, as I have had abundant evidence in my practice. As to its being an infallible remedy, the idea is simply ridiculous. I have known it to fail in many instances, even after having been repeated several times. Every surgeon is aware that this operation is attended with danger. The wound which results, always suppurates for some time, and may occasion dangerous accidents. The inflammation and formation of matter may extend to the pelvis, and compromise the patient's life.

For further objections to this repulsive and formidable operation, see the chapter on *Fistula in Ano*.

A less objectionable operation for anal fissure has of late been recommended by Blandin, which consists in the subcutaneous division of the sphincter ani muscle.

According to my method of treating this serious disease, there is no necessity whatever, for any painful or dangerous operation. I have demonstrated this, in the successful treatment of thirty-one cases of this disease, within the last ten years.

Two years ago, (1844,) I cured Samuel P. Weisiger, Esq., a highly respectable gentleman of Louisville, Ky., of a fissure



of the anus, complicated with an internal blind fistula and hæmorrhoids. This gentleman, for several months previous to consulting me, had suffered the most violent agony from this complication of diseases. Within this time, he had submitted to medical and surgical treatment, having had one or two external pile tumors removed, without any benefit whatever. The main disease having been mistaken for hæmorrhoids, was entirely overlooked by his medical attendant. Such was Mr. W.'s suffering, that after having an evacuation from his bowels in the morning, he was compelled to remain on his couch all day; and the only time that he could be up and attend to business at all, was in the morning, an hour or two before stooling. This gentleman's diseases were doubtless caused by obstinate constipation of the bowels. He was cured without dividing the sphincter muscles, in five or six weeks, by a method neither painful nor hazardous. He continues well to the present time—now, 1855.

*Letters from Persons Afflicted with Anal Fissure.*

LETTER I.

———, Ky., September 10, 1841.

DEAR SIR—My wife is afflicted with a serious disease of the lower bowel, for which she has taken much medicine from several physicians, without any permanent good effect. Indeed, they do not appear to understand her disease. Her physicians all have advised her to consult Dr. D——, believing that some surgical operation will be necessary. We have come to the conclusion before taking this step, to consult you, (in opposition to all the physicians in this section,) and if you think you can cure her, we will visit you as soon as we get your answer to this. For several years, my wife labored under costive bowels, for the relief of which she was compelled from time to time, to take purgative medicine. About seven months ago, one day after she had taken a large dose of Cook's pills, which operated severely, she was taken with such a burning pain, while at stool, that she nearly fainted. Ever since, whenever she stools, and for hours after, she suffers the most agonizing pain. These pains extend to her back, and down her lower extremities, and sometimes so affect her bladder, that she cannot urinate without great difficulty. Her discharges

from her bowels are frequently mixed with mucus, blood, and matter, and when she has these discharges, the burning is just like hot lead passing down her bowels, as she describes it. She is nearly all the time confined to her bed, a mere skeleton, and so nervous, at times, that we can scarcely do any thing with her. Such is the dread she has of an operation on her bowels, that she frequently sheds tears for an hour or two previous. She has no cough, and her digestion is good, and if she was relieved of this horrid disease, she, I think, would be well. Some of her physicians call her disease fistula; others piles. She has had three children, the youngest two years old, and her age is thirty.

This lady was cured by me six months after the date of the above letter, and she is now in the enjoyment of excellent health. I found, upon examination, a fissure on each side of the anus, one extending up the canal about one inch; the other was about half an inch long.

## LETTER II.

C——. O, June 5, 1844.

DEAR SIR—Having heard that you have been remarkably successful in treating diseases of the bowels, I have taken the liberty of writing you. I have been suffering almost martyrdom, for the last year, from a most troublesome and distressing affection of my lower bowel. I experience the greatest suffering while I am stooling, and then it is often so severe, that I am compelled to lie down for several hours. At these times, the burning and smarting are so severe, that it appears to me it could not be any worse if a red hot iron was run into the bowel. I have such a horror of stooling, that I only have a passage every other day, at night, so that I do not lose so much time in the day, by lying down. I use Blue Lick water to keep my bowels loose. The sore place is on the right side of the anus, communicating low down, and extending up about an inch. I can feel it quite distinctly with my finger, the introduction of which, however, causes the most intense pain. The only discharge I have noticed from the place, is a little matter streaked with blood. I have no doubt but this disease was caused by obstinate constipation of the bowels, under which I labored for years, and for which I have taken large quantities of purgative medicines.

The disease did not come on suddenly, but gradually. I am thirty-one years of age, my health good in other respects, and I am by profession a lawyer. You will now doubtless wonder what I did for my disease. I have done every thing. I have consulted the best medical men, and they all have disagreed with regard to my disease, some calling it piles, some ulceration, and some fistula in ano. About six months ago, I submitted to

the operation of laying all the parts open with the knife, by Dr. ———, of ———. This operation afforded me partial relief for about six weeks; but I am now as bad as ever. I have lost all hope, and almost despair of ever being cured. I would much rather be dead than be compelled to live in this condition. Can you cure me? Can you give me any relief?

I am happy to say that I cured this gentleman about three months after the date of his intelligent letter. I found, upon examination, a fissure about a quarter of an inch wide, extending up the canal nearly an inch. It could nearly all be brought to view, by causing him to strain. The division of the sphincter muscles, to which he had submitted, was not through the fissure, but in the immediate vicinity. The cut was but partially healed when he consulted me.

In the spring of 1850 I cured Col. J. Woolfolk, of Woodford County, Ky., of this most distressing disease. I treated my friend, the Colonel, in New Orleans. He remains well to the present, 1855.

In the spring of 1852 I cured Mr. John Devereaux, a merchant of New Orleans of an anal fissure of long standing.

In the winter of 1853 I cured Lafayette Folger, Esq., iron merchant, of New Orleans, of this disease. My friend, Mr. F., had for some time been treated by two or three physicians, who had mistaken the nature of his disease. His sufferings were intense. His cure was complete, and he remains well to the present time, 1855.

I have successfully treated a very large number of females for Anal Fissure.

## CHAPTER XI.

### PROLAPSUS OF THE RECTUM.

THIS is a very troublesome, very disagreeable, and often a very serious accident. Indeed, there are few diseases that are more painful and distressing to bear. I shall distinguish it into two varieties, which are generally confounded. First, into that which is most common—in which there is a simple relaxation and protrusion of the mucous membrane alone of the rectum, which passes through the sphincters, in consequence of either their too great relaxation, or their paralysis. (Vide Plate V., Fig. 1.) Second, into that which is less common, in which there is an *inversion* as well as a protrusion outwards of the rectum, including both mucous membrane and muscular tunic; or, in other words, in which the whole gut protrudes. (Vide Plate V., Fig. 2, also plate VI.) Most authors term this disease "*Prolapsus Ani*;" but as the anus is simply the aperture into the rectum, and is a firmly fixed point, it cannot therefore be prolapsed.

In the first variety, the mucous membrane alone is everted in the form of a ring, and may project from one to two inches from the margin of the anus; in the second variety, it comes down in the shape of a globular or oblong mass, and may project from one to four inches.

This disease occurs most frequently in children and persons advanced in life.

The following are some of the principal causes of this affection:—Too much standing on the feet; long-continued

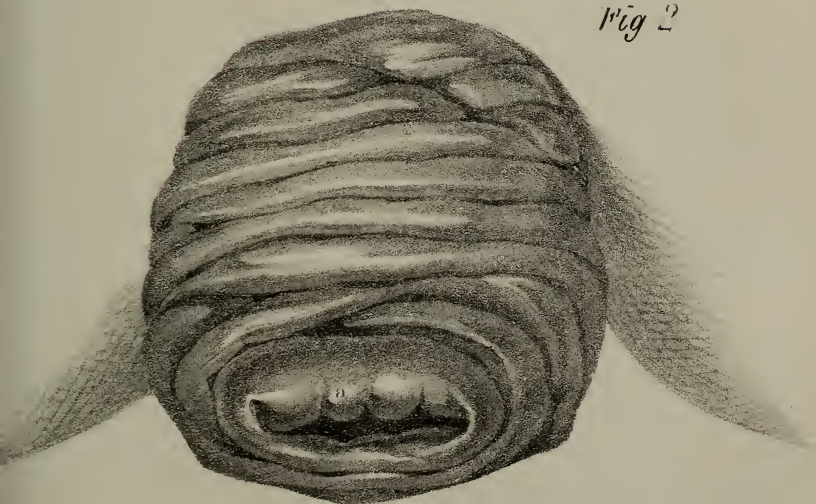


*Fig 1.*



- a . the Membrane protruded.  
b . the Sphincter Muscle, everted.

*Fig 2*



- a . the Bowel protruded.



straining efforts at stool in the *sitting posture*. This is a common cause, and all persons having a tendency to prolapsus recti should always have their stools either standing, lying, or sitting on a chair, so high as to prevent their feet from reaching the ground; their bowels should never be evacuated in any other posture, as either of these positions will keep the trunk erect, and moderate the force of the expulsive efforts. The usual sitting posture renders the pressure of the diaphragm most direct upon the contents of the pelvis, and thus favors the descent of the bowel. Constipation of the bowels is a common cause, as it requires protracted straining to expel the hard fæces; all drastic purgatives, such as aloes, &c.; colic; prolapsus uteri; parturition; stricture of the urethra; stone in the bladder; violent coughing; sneezing; enlargement of the prostate gland; hæmorrhoidal tumors; ascarides (worms) which nestle in the rectum, are a common cause, especially in children. When the disease depends upon a want of contraction of the sphincter muscles, the causes generally are, diseases, or injury of the brain, or spinal chord; exhaustion, attending weak health; sedentary habits; protracted diseases; operations performed for fistula ani; for fissure; for stone in the bladder. When this disease takes place in aged persons, it is owing to a general relaxation of the tissues, and the imperfect tone of the sphincters. Children are more liable to this disease than adults, owing to the intestine being less curved, and to the imperfect development of some of the contiguous organs to the intestine, which, when perfect, give strength and support to it; and from the fact that they suffer much from irritation of the mucous membrane.

When this affection first appears, it usually presents but a small tumor, surrounding the anus, like a ring. This generally takes place by the efforts at stool, and it returns slowly of itself, when those efforts cease. Sometimes it comes.

down after a costive motion only, and either goes up of itself, or is easily pushed up, and when up, remains in its place until some accidental circumstance brings it down, such as constipation again; diarrhoea; and, in children, severe fits of crying. But, if it is not checked in time, it increases in size, and appears at every stool, and no longer returns of itself, but has with difficulty to be replaced. When it arrives at this stage, in many cases, as soon as the protrusion is returned, it comes down again on the slightest movement, such as standing, walking, riding, and sometimes the least excitement will cause it to fall down. Such persons are generally miserable, for they can neither cough, sneeze, nor laugh, without its coming down; neither are they by any means able to keep it up entirely, at any time, as a small portion always remains out. In cases of long standing, the protruded portion becomes so fixed in its unnatural position, that it cannot be returned, and then it becomes inflamed from friction, ulcerated, sore, tender, painful, and finally covered with a kind of cuticle.

In some cases, when the protrusion remains out any length of time, it becomes engorged with blood, from the pressure which the sphincter exercises on the veins, as manifested by its increase in size, and livid color. If it is not soon reduced, inflammation takes place, attended with great local pain and fever; and in some instances, death ensues in consequence of extensive peritoneal inflammation. In some very rare cases, the protrusion sloughs off, and a natural cure follows.

This disease should not be confounded with internal hæmorrhoids. This is a common error, and committed even by those who should know better. Nothing, however, is more absurd or more unscientific. The distinction is important, and should never be lost sight of. The difference is this—when internal piles protrude, that portion only of the mucous membrane to which they are attached, or which



covers them, comes down, or is pressed down, as indeed it necessarily must; whereas in real prolapsus of the second variety, the mucous membrane, as well as the muscular tunic, protrudes for several inches. In the former, then, the mucous membrane descends, without the muscular tunic, and only that portion of it too, to which the piles are attached, and no more.

It may also be confounded with intussusception of the bowel. In prolapsus, neither the probe nor the finger can be introduced higher up than the border of the internal sphincter muscle, in consequence of the doubling down of the mucous membrane; while in intussusception no resistance is offered to the ascent of either one or the other.

The popular method of treating this disease, when the case is very bad, is excision of the whole dependent flap; or in other words, the removal of the whole natural lining membrane of the middle and lower portions of the anal canal. Sometimes only a few of the folds of the prolapsed portion are clipt off with the scissors. Sometimes the actual cautery is used, as well as caustic of various kinds. I reject all of these, and my success in the treatment of this disease is the best commentary on the excellence of my method, and proves to a demonstration, that those violent and dangerous measures are not by any means necessary—for I have treated successfully some as bad cases as are on record.

#### LETTER A.

*E——, Ky., May 1, 1843.*

DR. BODENHAMER—Sir: I see from a card in the Louisville Journal, that you treat diseases of the rectum, anus, &c. I have been sorely afflicted with a falling down of the bowel, or as you surgeons call it, prolapsus of the rectum, for fifteen years. For the last six years, I am confined most all the time to my couch, as I cannot take the least exercise without the parts coming down. I can neither stand nor walk; for sometimes, as soon as I stand up, down it comes, and on some occasions this even takes place in bed, by violent coughing, spells of which I sometimes have. The pro-

truded parts are as large as my fist, or the largest size apple. It has become hard and rough, and at times a little yellow water runs from it. I am quite well in other respects. I am sixty-five years old. I had determined to visit Philadelphia about the middle of this month, in order to have my disease operated upon, and wish you to answer this immediately, as I shall be governed in this matter by your letter. Let me know whether you can cure me, or whether I can be cured at all by any method. I have already tried every thing I could hear of, after consulting numerous physicians.

This gentleman I cured sometime after the date of the above, as the following letter will show.

#### LETTER B.

*E——, Ky., November 3, 1843.*

DEAR DOCTOR—I arrived home in safety on the first of October, and I am still free from my old disease. I have tried it effectually by riding, walking, and even by running. I believe I am entirely well. I follow strictly the rules you laid down to prevent a return of the disease. I consider them of the greatest importance, and I am well convinced that if they were closely followed by those who have the disease, that they alone would in nearly every instance effect a cure.

I have just cured, April 15th, 1855, Mr. Miguel Ousso, a Spaniard, aged 61, residing in the parish of Ascension, La., of a prolapsus of the rectum, of many years standing. This was the worst case of the kind I ever saw—the protrusion being almost constant, and as large as the largest size Creole orange, resembling somewhat Figure II. Plate V., though destitute of the concentric rings which are represented in that figure.

The late S. Mackenzie, M. D., of London, reports the following extraordinary case of prolapsus of the rectum of the second variety or form:—

“A lady in the country,” says Dr. Mackenzie, “sent for me to attend her, in April, 1834. She briefly stated her case by letter; but its representation was of such an extraordinary character, that I could scarcely credit the possibility of its existence. On my arrival, however, I was soon unde-





a. the Bowel protruded.  
b. the Sphincter Muscle.



ceived, by being shown a prolapsus of the gut, which came down with an evacuation, six inches in length, and eight inches in circumference at the base, tapering off gradually to about six inches in circumference at the extremity. It appeared in a perfectly healthy condition, but became very tender on exposure to the air. (Vide Plate VI.) The domestic in attendance returned the prolapsus in my presence with great skill and dexterity. The sympathy which this amiable and afflicted lady excited in my mind at the narration of her sufferings, induced me to remain two days in attempting to afford her relief, by preventing the gut from falling at the time of evacuation; but all my mechanical contrivances proved unavailing.

“To give any thing like a narrative of this melancholy case, would occupy every page of my publication. I have only, therefore, room to state that, for nearly five years, this lady has never risen from a horizontal position, and upon the least attempt to place her feet upon the ground, a tremor immediately pervades the whole muscular and nervous system, and renders the effort impracticable.” (*On Piles and Prolapsus, &c.*, p. 71. London, 1835.)

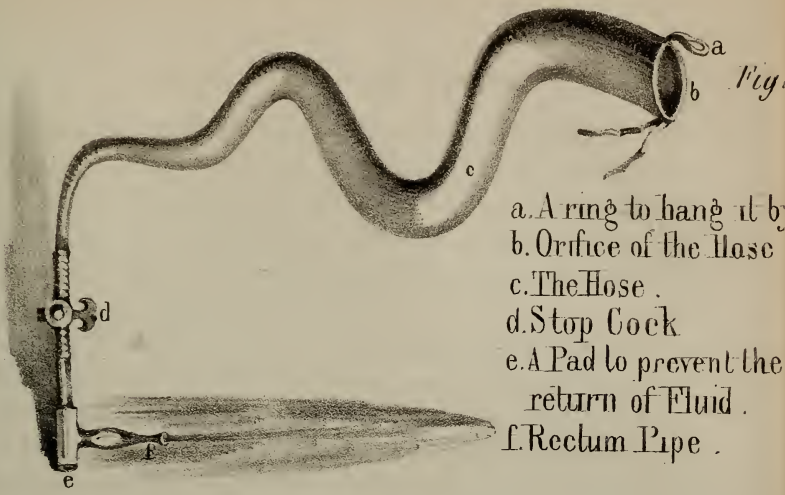
## CHAPTER XII.

### ULCERATION OF THE RECTUM.

FROM whatever cause ulceration of the rectum may be induced, it not unfrequently produces severe suffering, and sometimes proves very unmanageable.

The causes of this disease are various. It may be induced by the passage of hardened fæces, in obstinate constipation, which occasions great friction upon the mucous membrane; by the careless employment of surgical instruments, which may produce lacerations or abrasions; by surgical operations on the rectum; by the passage of foreign bodies taken into the stomach; by the entanglement of fæces in the mucous follicles, and their consequent enlargement; by the contact of venereal virus; by unusual and rapid distension of the rectum; by chronic inflammation of the mucous membrane. It is often a consequence of chronic diarrhœa or of chronic dysentery; and in children it is sometimes complicated with thrush; it is frequently associated with tubercular disease of the lungs or the liver.

Ulcers of the rectum are sometimes found in irregular patches of a fungoid appearance, and of a livid, or dark red color, slightly elevated above the surrounding parts on the mucous membrane (Vide Plate VII. Fig. 1.); again, they are small, well defined, and with quite elevated edges; and again, in old cases, they may be found excavated, with jagged and livid edges, devoid of granulations, covered with an ash-colored tenacious matter, and surrounded by a deep



- a. A ring to hang it by
- b. Orifice of the Nose
- c. The Hose
- d. Stop Cock
- e. A Pad to prevent the return of Fluid
- f. Rectum Pipe

A portion of the rectum laid open



- a. Internal surface of the rectum.
- b. Ulcers of the rectum.





inflammatory blush. When the ulcers are situated in the anal canal, within the limits of the sphincters, they are exquisitely painful, like fissure of the anus. They sometimes spread rapidly, attacking many points of the rectum, and extend up high. Such cases usually terminate fatally, especially in bad constitutions.

By the introduction of the finger, the ulcerated surface may very easily be detected, by its roughness; and when it is low down, nothing more will be necessary than to separate the buttocks, and evert the edges of the anus with the fingers. The best method, however, is to dilate the anus with a good speculum; then the situation, the extent, the form, and the character of the disease, can at once be easily determined. The lower portion of the colon and the rectum are more liable to ulceration, than any other portion of the alimentary canal, doubtless in part owing to the accumulation and retention of fæces in this region. The feculent matter being detained here, becomes fœtid and putrid, either from imperfect digestion or long retention, or from both; thus it becomes a source of irritation, inflammation, and ultimately, ulceration.

Not unfrequently, the coats of the rectum are thickened at the parts where these ulcers are situated, and in some instances, this thickening is so great as to diminish the area of the rectum considerably, and in this way finally produce stricture.

With regard to venereal ulceration of the rectum, it may arise from the direct application of venereal virus, or it may be consecutive to disease in the genital organs, and then co-exist with other secondary symptoms. When it is caused by the direct application of the poison, it usually begins around the anus, passing up into the rectum, and extending up even to the colon. Where these ulcers heal, the whole circumference is occupied by chaps or clefts, indicative of

the former existence of those ulcers, called "Rhagades," caused by venereal virus. The whole surface of the rectum as high as the promontory of the sacrum, is often rough and hard, from the cicatrization of the ulcers. The muscular coat is thickened and indurated, and by this means, the diameter of the bowel, as in other kinds of ulceration, is considerably lessened. This kind of ulcerative process goes on progressively from the anus upwards, those healing below, while new ones are forming above. Their sensibility is not very great, except those around the anus. Sometimes in these cases, the mucous coat of the rectum, is the eighth of an inch thick, and so much indurated, as to resemble gristle.

This chronic thickening and chronic ulceration, may last, in some cases, for a long time.

The symptoms of this disease are, acute pain and smarting in the rectum; especially while at stool; pain in the back, extending to the loins; irritation of the bladder; flatulent colic in the umbilical region; a sense of weight in the rectum; tenesmus; a discharge of thin bloody foetid pus from the rectum, amounting from a teaspoonful to a half pint, at each evacuation. The discharge, in some cases, is going on all the time; in others it ceases frequently for a few days, then comes on profusely again. These discharges are sometimes very offensive; they either precede or follow the stool, and are scarcely ever mixed with it, unless the ulceration extends high up; when the fæces are hard they are all besmeared with it. When the ulceration is low down, the symptoms resemble those of fissure of the anus; such as spasm of the sphincters, &c.

"Ulceration of the rectum," says Dr. Bushe, "is difficult to heal: firstly, because from the absence of valves in the portal system, and the depending situation of the hæmorrhoidal veins, they are loaded with blood, a condition which is still further increased by the accumulation of fæces in the

lower bowels, and the action of the sphincters: secondly, because the passage of the fæces contuses, and stretches the ulcerated surface: thirdly, because if the ulceration be within the limits of the sphincter, it is not only unduly compressed, but puckered: fourthly, because the plicated condition of the mucous membrane, and the action of the sphincters, prevent the proper adjustment of suitable applications; and fifthly, because we are unable to make pressure, a most efficient remedy in similar diseases of other parts."

LETTER I.

W——, *Ky.*, Nov. 3, 1840.

DEAR SIR—My daughter, who is thirteen years old, has some serious disease of her bowels. About two years ago, she had measles, and soon after she was attacked with diarrhœa, which still continues, but not near as bad as it used to be. About six months since, she commenced discharging small quantities of matter and blood mixed; attended with pain in the bowel, especially when stooling. This continues gradually to increase in quantity, and she now passes about half a pint in twenty-four hours; sometimes it looks like pure matter, at other times it appears like bloody water, and it now is very offensive to the smell. Her health has been good hitherto, but she appears now to be wearing away gradually, and her abdomen is swelling, and quite hard. She has the most voracious appetite, and wishes to eat any thing.

This was a case of extensive ulceration of the rectum, as I found, upon examination. I cured her.

LETTER II.

G——, *Miss.*, Aug. 25, 1841.

DR. BODENHAMER—Dear Sir: Last winter I took a violent cold from exposure, crossing the mountains in the stage from Philadelphia. Ever since I have been unwell. A short time after I came home, I frequently had considerable pain whenever I had to stool, and I noticed that I discharged a little matter and mucus, mixed with blood, somewhat like the flux. I now suffer the most terrible pain sometimes, when I stool, especially when I take medicine. When my stools are moderately soft, I do not suffer so much pain. My bowels are very costive, and when I have a hard stool, the stool is completely covered with matter. I am fearful that I am about having a stricture of the bowel, as lately I cannot have a hard

stool, as I formerly had, and it appears to me the parts are growing up. I can feel the sore about two inches up the bowel. It feels hard and rough. I have found but little relief from my physician, and feel anxious to visit you, if you think my case comes under your practice.

This gentleman visited me a short time after the date of his letter, and upon examination, I found four or five ulcers on the mucous membrane of the rectum; they were each about the size of a picayune. Under my treatment, he recovered rapidly.

### LETTER III.

*La., September 1, 1845.*

DEAR DOCTOR—I am glad to hear that you are going to New Orleans this winter, as I will be saved the trouble of visiting you at Louisville. My physician tells me that I have ulceration of the lower bowel. I pass a great deal of matter from my bowel daily, without much pain, however. He has done me no good so far.

This gentleman I cured at New Orleans.



## CHAPTER XIII.

### INFLAMMATION AND EXCORIATION OF THE ANUS.

IN consequence of the exquisite sensibility with which the skin about the margin and adjacent parts of the anus is endowed, it from various causes, is very liable to irritation, inflammation, or excoriation.

These affections are generally associated, and may be induced by the following causes:—By the unavoidable attrition of the parts, in walking or riding long distances; by the passage of irritating secretions; by gross want of cleanliness of the parts; by obesity and warm weather; by luxurious living; by an entanglement of the hairs by which the parts are clothed, or by the removal of the hair by the patient or surgeon. M. Velpeau mentions the case of a physician who removed the hair with scissors, and in whom such violent pain and fever followed, that he was compelled to keep his bed for three days. “The hair,” says Dr. Coates, “in this, as in many other situations, is intended to prevent the contact of the sides of the nates, and to act like a friction wheel in machinery, to diminish the attrition. For this reason, it is much more abundant in the male sex, because the anus is much more deeply situated in man. To remove it entirely, would therefore, produce no slight inconvenience; but when cut short, or when after being shaved, it has again grown to a certain length, it acts like a harsh brush upon the delicate skin, and may produce very severe inflammation.”

In bad cases of these affections, the cuticle is sometimes

abraded, and a sero-purulent discharge oozes out from the naked cutis, which becomes indurated, and a circumscribed blush of inflammation surrounds it. These complaints will generally yield to habits of perfect cleanliness, aided with daily ablutions of cold water—to moderation in diet—to the avoidance of all stimulating applications, and to the use of raw cotton, dry lint or linen, so as to absorb all moisture and prevent attrition from the clothing.

Corpulent persons are more liable to these affections than the lean; and gross livers than temperate ones. They are quite common among a certain class of the poor in large cities, caused by filthiness of the parts. In such persons, these affections sometimes become serious, and then they will consult a physician, who will find that the injunction of cleanliness, is of all things the most difficult to be enforced. He will find it much easier to cure the disease, than to cure the cause of it.

These affections should always be attended to in time, as they always, if not cured, result in ulceration, in abscess, or in some other disease in this situation.

## CHAPTER XIV.

### PRURITUS OF THE ANUS.

THIS is a most distressing and rebellious affection, lasting for months, years, and even for life, and by some considered incurable—frequently reappearing after having been apparently cured. It is peculiar to no sex or occupation, though it appears more common in males than in females, and in old age, than in adult life.

The causes of this troublesome disease are somewhat obscure. It seems, however, to be nearly always connected with a disordered state of the mucous membrane of the alimentary canal. Sometimes it appears to depend upon a morbid state of the alvine secretions, which is often connected with general debility, especially in those who follow sedentary occupations. It most often occurs in weak constitutions, in old people, and in females who have ceased to menstruate. Ascarides in the rectum, and hæmorrhoidal tumors often give rise to it. Strong mental emotions are also a frequent cause. The eruption is characterized by distinct papules, usually of the same color of the skin, accompanied by itching. This itching is sometimes intolerable, and the patient, in his attempts to relieve himself by scratching, takes off the top of the papule, and causes abrasions of the skin, which are followed by an oozing out of an irritating serous fluid, which produces excoriations of the parts. Patches of a similar eruption to those around the anus, are often developed upon the scrotum, upon the root of the penis, upon

the inside of the thighs. These are sometimes continuous with that on the anus, upon the back, upon the neck, upon the groin, upon the labia pudendi, &c. From the repeated rubbing and scratching to relieve this intolerable pruritus, chronic inflammation is excited in the parts, and the skin around the anus becomes thickened and furrowed, and the elementary form of the disease is lost.

The itching generally comes on towards evening; but it becomes intolerable when the skin is excited by the warmth of the bed, and not unfrequently prevents sleep for several hours. Stimulating drinks of all kinds, as well as all stimulating food, are the most exciting causes.

This disease prevails to a great extent in some of the Southern States. Indeed I believe in those States, every fifth or sixth person is annoyed with it to a greater or less degree.

Many physicians, after exhausting the *materia medica* in endeavoring to cure this disease, have come to the conclusion that it ought not to be cured—but kept as a kind of safety valve; that the cure would be attended with imminent danger, &c. “The late Dr. Lettsome,” says Dr. Bushe, “thought that the pruriginous state of the anus, prevented the occurrence of more serious diseases. He formed this opinion from having seen persons, after various long indispositions, relieved by it. A gentleman, sixty years of age, who had been subject to pectoral disease, was perfectly cured by the appearance of this pruriginous affection. A favorable termination of the same kind occurred in a case threatening apoplexy. Another patient was relieved from the gout, in a similar manner. He, however, imprudently endeavored to allay the itching by the application of a strong saturnine lotion, which produced the desired effect; but after a few days, he suddenly expired.”

It is of the highest importance in the treatment of this



obstinate, troublesome, and rebellious disease, in the first place, to detect, and well understand the cause which produces it.

I have been remarkably successful in the treatment of this affection, and could here give the names of a large number of individuals whom I have cured, some three, four, and six years ago, and who remain well to this day.

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## CHAPTER XV.

### EXCRESCENCES OF THE ANUS.

THE Anus and its vicinity are very liable to a great variety of vegetations and excrescences, such as scirrhus, candyloma, steatoma varix, &c., none of which, however, are absolutely peculiar to this region. They usually sprout out from the fine skin and mucous membrane, about the verge of the anus. They are sometimes very numerous and varied in their form, in consequence of which, the Greek, Latin and Arabic authors have designated them by many fanciful appellations. They possess scarcely any vitality, and consequently endowed with but little sensibility. They generally are smooth, soft, and fragile; they sometimes, however, are rough, hard, and furrowed on their surface. They are usually the color of the skin or mucous membrane, from which they sprout; they are however, sometimes of a dark, as well as of a pale red color, and usually of small size. They sometimes exist alone, at other times they are associated with pile tumors; and there is constantly a purulent discharge from them.

The cause of these singular productions is somewhat obscure. Some have attributed them entirely to venereal virus; but this is an error. Dr. Bushe says that "Some authors look upon these excrescences as arising, in every

instance from the syphilitic poison. This opinion, however, is not tenable; for the fact is, that they existed, as we have undoubted testimony, when syphilis was unknown. In the authors now alluded to, we discover the same perverseness, which led them to assert that almost all diseases of the genitals, were syphilitic. I have frequently seen them in persons who never had the syphilis: and one of these was a fine child, two years old, who was placed under my care by Dr. Fanning, of Brooklyn."—(*Bushe on Diseases of the Rectum, &c.*, p. 224.) Inflammation of the fine skin and mucous membrane of these parts, is a cause of this affection; friction of the parts; compression, contusion, erosion, arising from filth and acrid secretions, or venereal poison.

These excrescences are liable to be confounded with carcinomatous tubercles, polypi and hæmorrhoidal tumors; but by examining carefully the description of each of these, this error will not be likely to be committed.

About five years ago, I cured a lady who labored under this disease, who had previously been treated by an eminent Surgeon, who pronounced her case to be cancer. I found the anal canal almost completely filled up with moist fungus vegetations, which greatly interfered with her fæcal dejections. In 1841 I cured a Mr. Thompson of this disease. He had formerly drove the stage between Lexington and Cincinnati, and was the worst case I ever saw, or heard tell of. He could not sit at all. His excrescences were exceedingly numerous, hard and warty; and they constantly discharged an acrid matter, which kept the adjacent parts so excoriated that he could scarcely get about. He had them twice cut off before I saw him, but it only added new life to them, they grew much faster than before. I now have an excellent drawing which I had taken of this case. Mr. Thompson has been entirely well of his disease ever since, and I believe he resides at present in Augusta, Georgia.

## CHAPTER XVI.

### POLYPUS OF THE RECTUM.

WHY the term polypus should have been used to designate the tumor so called in surgery, is a question not so easily answered, unless it was so denominated from an erroneous impression that such tumor possessed several roots, feet or fibrils, like the sea animal of that name. Nothing, however, could be more foreign from the truth, than such an impression; for a polypus so denominated in surgery, has generally but one root, foot or base. I have, however, in my practice, seen as many as three rectal polypi, each of which had several adhesions or attachments to the mucous membrane in the form of small slender roots or feet, doubtless the result of plastic inflammation; but such cases must be rare indeed.

The rectum, like the mucous cavities of the nose, the womb and the vagina, is sometimes the seat of the peculiar growths termed polypi. Rectal polypi are considered by most all authors, as a disease of rare occurrence. Sir A. Cooper says, that in the whole course of his practice, he met with only ten cases—that the disease generally occurs in children, and very rarely in adults—and that the most advanced age at which he met with it, was twenty-two. (*Lectures by Tyrrell, p. 307.*) “The extreme rarity of this disease,” says Mr. Syme, “may be estimated from the statement of Sir A. Cooper.” (*On Diseases of the Rectum, p. 102. Edinburgh, 1854.*) Dr. Bailie says, that polypi of the intestines are by no means fre-

quent. (*Morbid Anatomy*, p. 161.) He, however, formed his opinion from the result merely of post-mortem examinations.

My opinion is, that this disease is much more common than is generally supposed. It is often overlooked, or mistaken for hæmorrhoids or for prolapsus of the rectum, especially in children—as it resembles both these diseases in several particulars, and quite liable to be confounded with them. I have known this error to be committed in numerous instances. A careful examination should therefore always be made before pronouncing a positive opinion as to the true nature of the case; for this disease is much more serious than either piles or prolapsus, being so liable to degenerate, or become malignant in its character. In the course of seventeen years practice, I have treated eighteen cases of this affection—ten of which occurred in females, and the remainder in males. Of the former, three were under five years of age, and the remaining seven were between the ages of nineteen and sixty. Of the latter, three were between the ages of one and three years, and the remaining five were between the ages of twenty-five and sixty-five. Fifteen of these cases were treated with success, and three died, being aged persons, and the disease having assumed a malignant character. Dr. Bushe says, “That if we may form any opinion from the cases of polypi of the rectum that have been recorded, they appear to have generally occurred in adults, and for the most part in females.” (*On Diseases of the Rectum*, p. 228.) Mr. Syme says that, “Most of the cases that have fallen under my own observation, were persons who had attained or passed the middle period of life. In five which by a curious coincidence, came under my care, in the course of a little more than a fortnight, two were in adults, and three in children.” (*Libro Citato.*)



*Description of Rectal Polypi.*

These tumors are liable to form in different parts of the rectum, high up, as well as low down; but they are usually found attached to the mucous coat, two or three inches above the verge of the anus; yet sometimes still higher up, and beyond the reach of the finger. They are of different sizes, varying from that of the smallest pea, to that of a large cherry, hen's egg, or larger; being so small at first, that they can scarcely be felt; but if no remedial measures be adopted to arrest their growth, they continue to increase in size until they sometimes acquire great magnitude. Boyer mentions a case in which the polypoid tumor was as large as *two fists*. (*Traite de Maladies. Chirurgicales. tome. V., p. 76. Bruxalles, 1828*). Bailie reports the case of a polypus which grew in the sigmoid flexure of the colon, which was as large as the *fist*. (*Libri Citati, p. 162.*) In March, 1849, I removed a polypoid tumor the size of a hen's egg, from the rectum of Miss S——, of Louisville, Ky. This was the largest tumor of the kind I ever saw. These tumors are either solitary or multiplied. In the largest number of cases that have come under my observation, they were single, and this I have no doubt is usually the case. They are smooth or lobulated on their surface, and pearlike shape or round. When pear-shaped, they are attached by means of a narrow neck, or ligamentous peduncle of various lengths; but when round, they generally have a broad base, and are often immovable. Their texture varies from soft or lacerable, which is most common, to being firm and unyielding, like cartilage. When soft, they feel like the mucous membrane of the rectum, and indeed often resemble it in appearance. Their color is usually a dark red; but is sometimes bright, just according to the number of blood vessels by which they are supplied.

Sometimes, however, their color is whitish, or a dirty yellow. They generally possess but little sensibility.

With regard to the true nature of these abnormal growths, nothing very definite can be said. They are either of the mucous or the sarcomatous (fleshy) species of tumor. They are generally, however, of the former. The mucous species are slowly developed; usually of small size, of soft consistence, prone to bleed, and have a slender and friable pedicel; whereas the sarcomatous or fleshy species on the contrary, often grow rapidly and attain great magnitude, and are liable to become malignant.

### *Symptoms of Rectal Polypi.*

In their commencement, polypoid tumors of the rectum are unattended by any symptoms sufficiently marked to call attention to their existence. As soon, however, as the tumor has become well developed, it generally gives rise to an exudation of mucus and blood mixed, which will soil the patient's linen; and sometimes, there is even a flow of pure blood takes place from the anus, without any admixture of mucus. The patient will sooner or later begin to be affected with a heavy dragging pain at the seat of the tumor, or tumors; weight and fullness in the lower bowel, tenesmus and a sensation as if some foreign substance were in the rectum, with considerable difficulty in evacuating the bowels. When the stools are of a certain consistence, they are usually contracted and generally covered with blood, mucus or pus, so as to lead to the belief that a stricture of the rectum existed. If the tumor is situated low down, it will be protruded at each evacuation of the bowels, and if large it will have to be returned with the fingers, and with more or less difficulty, especially if it is of a pyriform shape. If in consequence of the shortness of its pedicel, or from its being attached high up in the intestine, the tumor cannot be pro-

truded, or prolapsed, so as to be brought to view, the finger should be introduced into the rectum, which can easily be done, even in young children, when, if in reach, its existence will readily be detected: if, however, the tumor is beyond the reach of the finger, the speculum ani should be used, which will at once bring it to view. Gradually the digestive functions become affected, and after the patient has for some time suffered from the train of unpleasant symptoms, consequent upon this state, diarrhœa and hectic fever supervene, and he is reduced to a state of emaciation and extreme debility. These symptoms may be entirely the result of the irritation of the body of the tumor; but they are often greatly aggravated by the ulceration which usually takes place, either on the surface of the tumor itself, or on the surface of the adjacent mucous membrane of the rectum; even if there should be nothing of a malignant character in the disease. This affection is most always attended with danger, and if neglected might degenerate, and sooner or later prove fatal. This is pre-eminently so, with regard to the sarcomatous species. In this species, as the tumor increases in size and malignancy, the patient will become sallow. His tongue will be coated; his thirst will be intense; and he will lose his appetite. He will be troubled with flatulence, and colic pains. He will emaciate; his extremities will swell, and hectic fever will set in. His discharges from his bowels will be small in quantity, and voided with great difficulty. These symptoms will continue to increase, until death closes the scene.

For malignant polypi of the rectum, see the chapter on *Malignant Degeneration, or Cancer of the Rectum*.

#### *Causes of Rectal Polypi.*

The causes of this disease are by no means well understood. It appears to be a spontaneous affection, often occur-

ring in persons who were previously healthy. Among the predisposing causes, the lymphatic temperament, the herpetic, syphilitic or scrofulous taint, and sedentary employment, might be mentioned.

*The Diagnosis of Rectal Polypi.*

Polypus of the rectum is liable to be confounded with dysentery, hæmorrhoids and prolapsus of the rectum—this is especially so in children. From dysentery it may be distinguished by the absence of almost every other symptom peculiar to this affection, with the exception of the blood in the evacuation. From hæmorrhoids it is to be distinguished by its soft spongy feel, by its being incapable of sudden erection or collapse, by its slow growth, &c. From prolapsus of the rectum it can readily be distinguished by a careful examination. In polypus, the fæces always escape at the side of the tumor, if noticed; whereas in prolapsus of the bowel, the opening through which the fæces are discharged, will be observed to be at the centre of the tumor. Polypus of the rectum in children, which is by no means uncommon, is often mistaken for prolapsus of the rectum, and most serious consequences sometimes result from the treatment in such cases. In the fall of 1844, I removed a polypus, the size of a pullet's egg, from the rectum of a little girl five years old, the daughter of Mr. K——, of Golconda, Illinois. This little patient had been treated for prolapsus of the rectum for upwards of a year, by tonics, and the most powerful astringents, but in vain. I observed in three cases of polypus of the rectum of children, that the tumor in each one had the exact appearance, when protruded, of a large ripe cherry, deprived of its epidermis.

*Spontaneous Cure of Rectal Polypi.*

These tumors are sometimes detached by the efforts at stool, and a spontaneous and generally a perfect cure is the



consequence. The polypus being protruded, it may be separated from its adhesion by the action of the sphincter ani muscles; or it may become detached by the rupture of its pedicel, during the passage of hardened fæces. A case of this kind came under my notice in New Orleans, in January, 1850. Mrs. J. W. P——, aged 40, residing on Magazine-street, consulted me for what she thought was a pile tumor, and from which she had suffered much inconvenience for four or five years. I found, upon examination, that the tumor was a polypus the size of a large hickory-nut, and proposed its removal. She consented, but deferred the operation two weeks, on account of some family arrangements. About ten days after this, I was one day sent for in haste to see Mrs. P——, who, when I saw her, to my surprise told me that she had just had an evacuation from her bowels, and in her efforts the tumor passed into the chamber with the fæces, and that a slight bleeding was taking place, which was the principal cause of my being sent for. This lady has remained entirely free from the disease since, now four years.

*Letters from Persons Afflicted with Rectal Polypi.*

LETTER A.

N——T——, October 3, 1842.

—— I have not seen my mother-in-law, since I saw you, until to-day. She has just given me a full history of her case, and I believe as you do, that it is not simply piles, as we thought. She says that she first noticed the tumor about four years ago; it was thin and quite small, but it has been gradually growing ever since. It has never given her much pain or trouble until within the last year. At every stool, now, it comes down, and it is as large as a small pear and precisely the same shape. It feels very soft, just like a piece of liver, and pressing it does not in the least hurt it. When it comes down, it cannot be returned sometimes for three or four hours; so that she has frequently thought of just cutting it off herself with a knife, but she was afraid. She has never had it examined by any physician; but she has consulted several, and they have called it the piles, and that it should be cut off with the knife. As it never pained her

very much, she determined not to have it cut off, as long as she possibly could avoid it. She thinks it has grown more within the last six months than during the whole four years, and there is now quite a discharge of bloody mucus, and a smarting pain when at stool, and until the tumor is returned. Her general health is gradually becoming impaired, which we have all noticed within the last six months. She is forty-five years of age, and the mother of five children. If from this description you think you can cure her without her visiting you, which she would greatly prefer, please let us know as soon as you receive this. If you cannot, we will try and visit you by the first of December. Please say what length of time she will have to be under your treatment; what board can be obtained for, and what probable amount your fee will be, so that we can prepare accordingly.

The lady alluded to in the above letter visited me at Louisville, Ky., in a few months after the date of the letter, when I removed the tumor, and she remains well to the present time, now twelve years.

In October, 1848, Mr. —, aged 30 years, a merchant of Louisville, Ky., consulted me for a singular tumor, as he called it, of the lower bowel. He at first thought it was a pile, but from its freedom from pain, its slow growth, its great length and singular shape and feel, he concluded it could not be a pile tumor, but might perhaps be a loose portion of the lining membrane of the bowel itself. He had observed it for the last six years; it was completely protruded at each stool, and returned immediately after of itself, without the least trouble or pain. Upon examination, I found it to be a very vascular tumor, two and a half inches in length and about one fourth of an inch in diameter, having the color, the feel, the shape, and the general appearance of an *earth worm*, though considerably larger. I removed it, and the gentleman remains free from a similar growth since, as the following letter will show. Sir A. Cooper is the only author whom I have read, who has observed a similar poly-poid growth.—(*Libro citato.*)

## LETTER B.

Louisville, January 5th, 1855.

DEAR DOCTOR—I have just received yours of the 1st instant, and in answer to your inquiry, take great pleasure in informing you that there never has been the slightest indication of a return of any similar tumor, since you removed the one from my bowel in 1848.

I am truly yours, &c.

S— D—.

DR. W. BODENHAMER, New York.

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CHAPTER XVII.

## NEURALGIA OF THE ANUS.

NEURALGIA, as its name implies, is a disease of a nerve—*nerve-ache*, the principal or leading symptom of which is, *agonizing pain—pain* emphatically.

Anal neuralgia is an extremely painful, but fortunately a rare disease; yet occasionally cases do occur, and for this reason I have noticed it in this work. It is, however, doubted by some, whether the anus is ever, in reality, the primary seat of this disease, or whether it is really and essentially neuralgic in its character. That the anus is sometimes the seat of a morbid exaltation of sensibility, independent of any perceptible inflammatory action or appreciable organic alteration, to account for the extreme pain experienced, is a fact which cannot be denied. This I would denominate neuralgia of the anus, and I can see no good reason why real genuine neuralgia, may not just as well be primarily seated in the anus, as in any other part of the body; and why it may not be precisely similar in its character to that which occurs in the face, the limbs, &c.

Dr. Bushe is of opinion, that, in the majority of cases described by authors, in which both the anus and genito-urinary organs were said to be the seat of neuralgia, no such

disease affected the anus; but that in consequence of irritation in the genito-urinary apparatus, the sphincter ani was thrown into a state of painful contraction. Dr. B. then goes on to relate the "*only genuine*" case of neuralgia commencing in the genito-urinary organs, and from thence extending to the extremity of the rectum, which has come within his observation. (*Bushe on the Rectum, &c., p. 111.*)

*Symptoms of Anal Neuralgia.*

Like neuralgia of any other part, that of the anus commences with an undefined sensation of pain in the affected organ itself. Sometimes this pain is sharp, lancinating and paroxysmal; sometimes dull and aching; but in whatever manner it displays itself, it is seldom confined to the anus alone, but extends itself to the perinæum, to the urethra, to the vagina, to the bladder, to the middle of the thighs, or to the sacral and lumbar regions. It often comes on at a certain hour, gradually increasing, and then declining in intensity for a period of time varying from two to six hours, and leaving behind it a distressing sensation of soreness in the anus and anal passage.

Velpeau says that the anus, in this affection, is entirely free from redness, and from swelling; neither can the slightest alteration be perceptible, but the patient soon becomes convinced that it is the seat of lancinating pains, which cause him to dread the least pressure of the parts. These pains frequently come on in paroxysms; sometimes suddenly, at other times more slowly; leaving the patient entirely free from pains during the intervals. In other cases, however, the pains are constant, with but occasional exacerbations. In some persons, the anus appears to undergo momentary and forcible contractions, followed by speedy relaxations; in others, on the contrary, it is seen to expand to such an extent, that involuntary discharges take place. The pain



frequently extends from the anus to the loins, to the back and to the urinary organs. Sometimes the evacuation of the bowels, as well as the bladder, is attended with difficulty and with the most excruciating pain. (*Dict. de Med. t. iii. p. 282.*)

*Causes of Anal Neuralgia.*

Neuralgia of the anus may be caused by exposure to cold and damp, especially sitting on cold and wet seats. It is often, doubtless, induced by the influence of malaria; atmospheric changes also exert a powerful influence on the disease. It is often induced or accompanied by irritation of the womb and vagina in the female, and of the testicle in the male, or of the urinary organs in both sexes. It sometimes arises from irritation in some remote portion of the alimentary canal, such as the stomach, small intestines and colon; either one or the other of these being highly irritated, might be the primary source of this affection. In the largest majority of cases, however, the cause, in my opinion, will be sought for in vain—it will be left in the same obscurity that it is in cases of neuralgia of other parts. The memory of the patient's sufferings, says a fine writer, is the only evidence of the disease—the pain has left no trace behind it—no guide for the future—no explanation of the past.

Persons of a nervous and irritable temperament, and who are subject to this disease in other parts, are most liable to this affection. Persons who have been debilitated by accidental losses of blood, by diseases of a depressing nature, or by excesses and irregular habits, are also prone to the disease.

This disease sometimes continues for life, rendering the patient miserable. I have in my practice, treated five marked cases, and with complete success. One, I recollect well, a southern gentleman, who had labored under the disease about five years; he remarked that during that time he

had taken at least five gallons of laudanum, and that he had been cupped and blistered along the spine, until the skin had become as rough and as thick as an alligator's! This gentleman had but one paroxysm of his disease after I commenced treating his case. My treatment generally gives immediate relief.

A full report of the character and treatment of these cases will be given in my forthcoming work on the treatment of diseases of the anus and rectum.

Dr. Bushe describes a case in the following manner: "In 1829, I was called to see Mrs. H——, a nervous lady, about thirty years of age, who for several months had suffered from lancinating pain in the extremity of the rectum. For weeks this pain would be very severe, and then nearly, but not altogether, subside. Her distress was greatest towards the close of the day, and then she was compelled to take *black drop*. Changes of temperature had a baneful influence on her, not only increasing the pain in the anus, but rendering her restless and melancholy. Her bowels were generally constipated, to remedy which, she generally took three doses of magnesia every week. During defecation, her distress was very much increased, especially when the excrement was hard. I examined the parts with great care, but could not detect any lesion. There was no spasm of the sphincter, and she bore pressure on every part of the rectum that the finger could reach, without pain, save on a spot about the size of a shilling, on the left side of the intestine, rather less than half an inch above the verge of the orifice, which was so exquisitely tender, that she screamed out when the finger was pressed against it." (*Bushe on the Rectum*, p. 112.)

## CHAPTER XVIII.

### SPASMODIC CONTRACTION OF THE SPHINCTER ANI.

THIS painful and troublesome affection, according to many, is always considered as of secondary origin; depending entirely upon other diseases in the same vicinity, such as fissure, neuralgia, hæmorrhoids, diseases of the genito-urinary organs, &c. Hence they do not view it in the light of a primary disease, nor make it the subject of special consideration. That these morbid affections do often co-exist, is a fact, which has already been shown in this work. This, however, they may do, or they may not do. Yet there is a species of painful spasmodic contractions of the sphincter muscle, which cannot be traced to any primary affection whatever, either in the anus or elsewhere. And it is especially this particular kind, which should be entitled to the consideration which I have given it in this work—a primary or substantive disease.

Dr. Bushe, speaking on this subject, says, “The import of the word neuralgia is too well understood, to need any explanation from me. That the cases I have described under this head, merited such a place, will scarcely be doubted; but whether those described under the title spasmodic contraction of the sphincter ani, should not be placed under the same head, is the question. I would just remark, that I think they ought not to be so arranged; because neuralgia of the anus cannot only exist without contraction, but with relaxation of the sphincter; and it is no

reason because contraction of this muscle is sometimes combined, and in such cases, is in all probability the consequence of neuralgia, that spasm of the sphincter, because painful, merits the appellation of neuralgia. I am disposed to think, that it would be as reasonable to style fissure, neuralgia of the anus, or cramp of the gastrocnemius muscle, neuralgia of the leg, as to class all the cases I have narrated under the head neuralgia.”—(*Bushe on the Rectum, &c.*, p. 129.)

In this disease the sphincter muscle will be found firmly and painfully contracted, and not the slightest perceptible alteration whatever in the structure of the parts can be detected, by the most careful examination. The origin and cause of this affection are difficult to explain. Everything that tends to irritate the anus may be the cause of increasing the patient's suffering, such as introducing the finger or a foreign body into the anus—forcibly expelling indurated matters—using stimulating articles of food or drink. Anxiety and distress of mind are said to have a powerful influence in confirming and aggravating its symptoms, and may not improbably also occasion its commencement.

The symptoms of this disease resemble those of fissure of the anus very much; but if a minute examination is made, neither fissure nor the slightest abrasion of the surface can be discovered, and the anus, instead of presenting its ordinary conical appearance, will look flat and scarcely present any trace of the orifice, owing to the powerful contraction of the external sphincter muscle; and every attempt at introducing the finger will be attended with the greatest difficulty and the most violent agony. Sometimes persons are suddenly seized with violent contractions of the anus, attended with almost insuperable suffering, without being able to assign any cause whatever. Defecation is usually



attended with difficulty and with severe pain. The urinary organs also greatly sympathize.

The most popular treatment of this disease is the division of the sphincter muscles, as in fissure of the anus.

This treatment I reject, for I have never seen a case that I could not and did not relieve in twenty minutes, without resorting to it. Not long since, a gentleman in this city sent for me in great haste. I found him suffering the most agonizing pain. He informed me that he was suffering the agonies of the d——d, and had been for the last five hours. I relieved him in ten minutes, and in as many more he was laughing and talking. I have treated a considerable number of persons of this disease.

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## CHAPTER XIX.

### ORGANIC STRICTURE OF THE ANUS.

THIS contracted state of the anus may be induced by whatever tends to excite inflammation in its lining membrane. Sir C. Bell says, "that the cause of the inflammation for the most part is costiveness and straining, by which the fibres are strained and burst, and become inflamed. Sometimes it may come from the tenesmus, and frequent excitement of the orifice, by painful and ineffectual calls to evacuations. (*Treatise on Diseases of the Rectum, &c.* London, 1832, pp. 321-2.) The most common cause of this condition of the anus that has come under my observation, is from the contraction of cicatrices by operations on this organ, such as excision of hæmorrhoidal tumors, or prolapsed membrane, &c. Dr. Colles in one of his lectures, says, "If you cut away any skin at the verge of the anus, you may depend on this—that although some time may elapse before the effect is pro-

duced, (and it is generally slow in its progress) you subject the patient to a very serious inconvenience during his life, arising out of the contraction of the aperture of the anus that results from it."

The editor of Colles's Lectures, says, "I saw a gentleman who had been operated on four years before, by an eminent surgeon, and so small and rigid had the opening of the anus become, that no solid, larger than a garden pea, could be passed from the bowels, and with the miserable prospect of its gradually becoming still smaller." Cheselden says, "He saw a case where a bold *unthinking* surgeon cut off a part of a prolapsed ani, and the cicatrix afterwards was so hard and contracted, that the patient could never go to stool without a clyster, and then, not without great misery." "In fine," says Delpech, "it happens that in cases of habitual engorgement and eversion of the internal membrane of the anus, in consequence of the presence of hæmorrhoids, in attempting the excision of the scroll, (i. e. the lateral tumors, formed by this slight shade of prolapsus,) which sometimes occasions insupportable inconvenience, the surgeon has extended the operation to the whole circumference of the anus. In these cases, it has frequently resulted from this practice, that the circular cicatrix has contracted the natural passage, and rendered it almost incapable of *performing its functions*."

In many cases of contracted anus, there is merely a thickening and consolidation of the fine skin of the part, and of the adjacent cellular membrane. These often arise from syphilitic poison. I should have said that in all the forms of stricture of the anus, there is generally no disposition to spasm.

The symptoms of this affection resemble very much those of stricture of the rectum, which will be treated of in the next chapter. At its commencement, it often does not occasion much inconvenience, except when the bowels are very much

constipated; then there is pain and difficulty in passing hardened fæces. After a while, however, the anus becomes so contracted, that nothing but fluids can pass through it. I have seen several cases where it was impossible to get any thing into the anus larger than a common sized goose-quill. I have treated several cases of this affection with complete success.

## LETTER.

N. O. La. August 10, 1842.

DR. BODENHAMER—Dear Sir: I have just learned from a friend, that you are distinguished for curing a certain class of diseases. About one year ago, I was operated on by Dr. ———, for what he said were the piles; but I always thought it was simply the falling down of the bowel, as it never gave me any pain as the piles do. The only trouble it was to me, was when I went to stool, I had afterwards to return it. When the doctor operated, he made me strain until the part came down well, and then he cut it off. It soon healed; but now I am ten times worse off than before. The bowel has contracted so much, that I can scarcely stool at all, unless the stool is quite thin. I cannot have a hard stool. There is always an uneasy feeling about the parts, as if something was pulling or drawing them, which makes me miserable. I have been trying bougies and every thing else that I could hear of, to no purpose, and I fear that I have been by this OPERATION RENDERED MISERABLE FOR THE BALANCE OF MY LIFE."

I cannot dismiss this case without remarking, that the treatment certainly was unnecessarily *operative*. This is not a solitary case. I have met with several, and they should be a warning to the surgeon, how he operates about the anus, and to the patient, how he submits to such operations.

## CHAPTER XX.

### STRICTURE OF THE RECTUM.

THIS is a rare, but a very distressing malady, and one that has heretofore been but little benefited by surgical measures. Therefore, a successful method, not of treating it, but of curing it, would be truly acknowledged a desideratum.

If one might judge from what surgical writers say on the subject, the treatment of stricture of the rectum has hitherto been a mere matter of pecuniary speculation—that this disease has been the “*golden egg*, both of the regular and irregular quacks.” But why should it be so? Can not a stricture of the rectum, in any portion of this canal, be discovered with certainty? Who will dare say that it cannot. It is certainly not out of reach, even if it is out of sight. Is it impossible to discover a stricture of the rectum when beyond the reach of the finger? I answer unhesitatingly, it is not, and this I will prove to a demonstration in my forthcoming work on the diseases of the rectum. If surgeons generally would pay more attention to the anatomy and the pathology of the rectum, they would soon be enabled to detect the slightest aberration from a healthy state of this organ, and then they would soon take the *wind* out of the *sails* of the quacks, gain the confidence of the community, and be consulted in such cases. Students should study well the anatomy of this organ, and frequently make operations on it in the dead body. In this way they would become



adroit in their manipulations, and become conversant with the anatomy of it. I will now, for the benefit of the common reader, give the opinion of several eminent authors, respecting the quackery and the pecuniary speculation that often obtain in the treatment of stricture of the rectum. The following graphic remarks from an able reviewer, are made in relation to this disease.

“It is in this disorder that quackery rejoices. Occurring out of sight, (if the quack may be trusted, out of reach also,) the charlatan lies with comparative impunity, and trusts to darkness to shroud his doings. Though stricture of the rectum is seldom seen after death, it is wonderfully common during life. A patient has constipated bowels, he naturally applies to a rectum doctor; the doctor takes a long bougie; it hitches of course at the lateral turn of the rectum, or higher up than that—the case is one of confirmed stricture—the patient is doomed to be fleeced. Woe to him, or her, if he or she is rich; for it is rich people who have stricture of the rectum. Once in the hands of the charlatan, and deliverance is far off. The doctor takes care to insist on the necessity of employing some one who understands the introduction of long instruments, and he naturally and properly congratulates the patient on his fortunate application to *him*. The bait too often takes, and the stricture is a confirmed one, so long as it *pays*.” (*Medico-Chirurgical Review*, vol. IX. p. 18,—1838.) “Before I finish this note, I may mention that the inexperienced are apt to refer the opposition offered to the passage of the bougie, by the folds of the mucous membrane, or the projecting ridge of the sacrum, to stricture of the gut. I am mortified to add, that I have good reason for supposing that there are a few who make a profitable trade of treating dyspeptic patients for stricture of the rectum, asserting that the obstruction is high up, when in truth, this intestine is perfectly free from strictural disease. Such practitioners, by

passing bougies, apparently cure what in reality never existed, and thus obtain a character for skill in the treatment of this disease, which, in truth they do not possess." (*Bushe on the Rectum, &c.*, p. 266.) "—— the top of the sacrum naturally projecting forwards on the commencement of the rectum, in some degree opposes the entrance of any larger body, and this circumstance is laid hold of by the unprincipled or ignorant; the patient is very often declared to labor under stricture of the bowel, when none exists. Some practitioners discover stricture in almost every patient with disordered digestion." (*Liston's Elements of Surgery*, by S. D. Gross, M. D., p. 451.)

But let us "turn from this disgusting exhibition, to the consideration of this disease, as it is, and not as cupidity would make it."

Stricture of the rectum may be divided into functional or organic, or in other words, into spasmodic, or structural. The former is merely a contraction of the coats of the rectum, without either thickening or induration of the textures. Whilst the latter consists of a morbid growth, attended with the symptoms, and prone to the changes which characterize malignant degenerations of structure.

There is a considerable diversity of opinion with regard to the situation of stricture of the rectum—some contending that it is most always low down, not higher than three inches, and within reach of the finger, while others say that it is most always high up, from six to eight inches and higher. I will give the opinion of several eminent men on this point, which may not prove uninteresting to the reader. "—— Not unfrequently, the inner edge of the deeper sphincter ani, being the seat of this stricture; and then the finger enters to the depth of the second joint, when it is obstructed by a sort of membrane, standing across the passage. Sometimes the stricture is more than two inches within the anus, and feels

like a perforated septum." (*C. Bell on the Rectum, &c., p. 330, London, 1822.*) "The ordinary seat of stricture of the rectum, is from two and a half to four inches from the orifice of the anus. But sometimes it occurs at a greater distance, at from six to seven inches for example; and a contraction of the same nature is occasionally met with at different parts of the colon." (*Mayo on the Rectum, &c., p. 165, London, 1833.*) "In a few instances, the stricture has been seated so high up in the rectum, that it could be but barely touched with the point of the finger, until the patient was desired to 'force down,' and then a satisfactory examination of it could be made." (*Colle's Hospital Reports, vol. V., p. 139.*) "Stricture of the rectum most commonly occurs near the termination of the anus, a little within the sphincter, but it may take place in any part of the rectum. Sometimes the whole bowel is lessened in diameter, and on other occasions the stricture is situated in the sigmoid flexure of the colon." (*Allen's Operative Surgery, vol. III., p. 488.*) "Stricture in general, is readily ascertained by examination with the finger.") (*Liston's Elements of Surgery by S. D. Gross, M. D., p. 451.*) "It is generally found about two inches and a half distant from the orifice, but may be situated much higher up." (*Syme's Principles of Surgery, p. 445, Edinburg, 1832.*) "Independently of the malignant forms of diseases hereafter to be described, I have very seldom seen a contraction of the rectum which was not within the reach of the finger." (*Bushe on the Rectum, &c., p. 265.*)

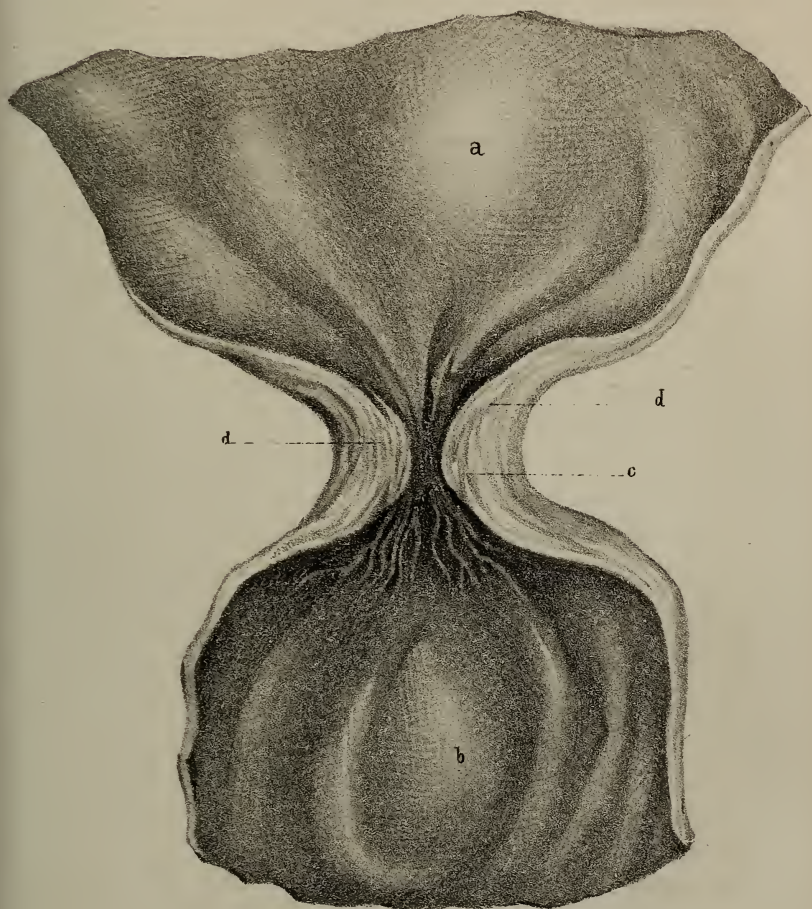
#### *Causes of Stricture.*

The causes of this disease are not well known. Some suppose it to be caused by spasmodic contraction of the muscular fibres; by inflammation; by the venereal disease; by the result of cicatrization of ulcers, which have affected the muscular tunic of the rectum, by subacute chronic inflamma-

tion, which induces thickening of the tissues of the rectum, and contraction of its natural capacity (*Vide* Plate VIII.); thus impairing the organization and function of the bowel, so as to render its action irregular and difficult, and eventually to determine a complete and fatal obstruction. It is however very difficult to ascertain with any positive certainty the circumstances which give rise to this affection. The analogy of what happens in other canals, would lead to the supposition that continued irritation of the intestine is probably the immediate exciting cause. One of the worst cases I ever saw of stricture of the rectum, was caused by an operation for fistula in ano. Wiseman relates a case which was also produced by the same cause.—(*Chirurgical Treatises, &c.*, p. 234–5.) Copeland says that stricture is sometimes the consequence of the operation for fistula in ano.—(*Op. cit.*, p. 15.) This disease most always comes on slowly and insidiously, and even after it is perfectly established, the symptoms are well calculated to mislead the patient, as well as the surgeon, as to the real nature of the case. Dr. Bushe's description of the symptoms is so perfect, that I will transcribe it. "There is a sense of weight and obstruction in the lower bowels,—uneasiness, distention, and occasional spasmodic pain in the abdomen,—eructations,—precordial oppression, pain in the site of the stricture, loins and sacral region, occasionally extending down the extremities,—vesical irritation,—bearing down in females,—itching and heat about the anus, head-ache, nervous irritability, and dejection of spirits. The left colon is loaded with gas and fæces, as may be ascertained by an examination of the corresponding iliac fossa. The urine is generally scanty, high colored and foetid, though I have seen a few cases, in which it was unusually abundant and limpid. The bile is also generally vitiated and scanty. When the disease has continued for some time, the hæmorrhoidal vessels become



Portion of the colon and rectum laid open



- a. Internal surface of the colon.
- b. Internal surface of the rectum.
- c. Strictured portion of the rectum.
- d. The morbidly contracted and thickened state of the bowel constituting the stricture.



engorged, and very commonly tumors form, which for the most part are produced by extravasated blood, and hence it is, that in old cases the skin about the anus becomes thickened and elongated. In consequence of irritation, arising from the stricture, an increased quantity of blood is determined to this region, and its return is so much impeded by the condensation of the walls of the bowel, and the accumulation of indurated fæces, that abscesses form in the cellular tissue, near the anus, and degenerate into fistulæ. The calls to stool are sudden, and amount to six or twelve in twenty-four hours: generally two, three, or more take place within a short time, and are accompanied with much straining, which in some instances, especially when the stricture is situated high up, gives rise to protrusion of the mucous membrane. Much gas, and a small quantity of mucus, occasionally mixed with blood, is all that is commonly discharged; but every two or three days fæcal matter, in small pellets, if hard, and in long, round, angular or flattened portions of small diameter, if soft, is expelled. After each attempt, though the pain is very moderate, a sensation continues as if the bowels had not been emptied, and this is the reason why, in these cases, several evacuations, such as they are, follow one another, at short intervals. When, however, a sufficient quantity of mucus or feculent matter has been discharged to give temporary relief, and from habit the amount is very trifling, the patient, who has been fatigued, desists from further attempts, until a sense of fullness indicates the necessity of making another effort. Occasionally, when the fæces accumulate above the stricture, which they often do in immense quantity, they are rendered fluid by an abundant secretion from the mucous membrane; in consequence of which the patient is enabled to discharge nearly or perhaps all the accumulated matter; thus by an effort of nature, fatal consequences are warded off. When the stricture is

fully within the reach of the finger, the canal feels narrow, indurated and unyielding, for a greater or less extent, and in some instances we are able to pass the finger through the obstructed portion. Occasionally, it is rather higher than we can reach ; but in such cases, if the patient bears down forcibly, the diseased portion of the intestine will so far descend as to admit of the requisite examination.”—(*Bushe on the Rectum*, p. 273-6.)

Occasionally, persons labor under this distressing disease for months, and even for years, accompanied with but slight alvine difficulty and sympathetic disturbance. But sooner or later, the health declines, the body wastes away, and they die, worn down by sickness, inanition, and the dreadful spasmodic pains arising from the violent efforts of the bowel to overcome the obstruction. When emaciation has progressed to a great extent, the powerful peristaltic action may be felt and even seen, heaving the abdominal parietes in tracts, corresponding to the convolutions of the intestines. Purulent matter is also discharged in great abundance, and so acrid as to excoriate the anus ; this frequently comes away when the patients cough, or assume the erect posture.

Various diseases in the vicinity of the rectum may simulate stricture of the rectum ; but the diagnosis is always easily determined by a careful and minute investigation of all the parts.

I have treated eight cases of this distressing disease, three were females, and five were males. Three were complicated with fistula in ano. Five out of the eight, were perfectly cured ; the remaining three were very much benefited. They are all, to the best of my knowledge, still living. One of the cases cured, was a lady who resides in Kentucky, and who labored under the disease for ten years. Several years ago she was treated in Louisville, in Cincinnati, and in Lexington, Ky., for her stricture. When I first examined her



case, I could only pass a bougie through the stricture, about the size of a common goose-quill. She has been cured about five years—1846.

Since the above cases were treated, I have cured the following—a few among the worst cases of stricture of the rectum I have seen.

Capt. J. Hix, aged 49, Jackson, Mississippi. His stricture was complicated with an anal fistula. Cured in the spring of 1844.

C. D. Bunce, aged 30, clerk, New Orleans, La.; cured in the winter of 1846.

Preston Grace, aged 49, brick mason, Paducah, Ky.; cured in the spring of 1848.

George Salladay, aged 63, farmer, Wheelersburg, Ohio; cured in the fall of 1848.

## CHAPTER XXI.

### MALIGNANT DEGENERATION OF THE RECTUM.

THIS is the most formidable malady yet treated of in this work, being the most rapid in its progress, and the most fatal in its termination.

By the term malignant, I mean a disposition in the morbid tissue to be destroyed, sooner or later, by ulceration, or by sloughing, and a tendency in the system to the formation of similar morbid tissues, whether the primary one is removed or not. But there are some growths and alterations of the rectum that appear to be between the malignant and non-malignant. They tend strongly to their own destruction by sloughing or by ulceration, and in this respect, they are malignant. But the system shows no disposition to *regen-*

*erate them*, when they are removed, or to *develope them* in other parts, and in that respect, they are not malignant.

I mean, then, by the phrase, malignant degeneration of the rectum, simply, *cancer of the rectum*, which designates generically various organic alterations, whose inherent nature is unknown to us, but which, though of various forms and appearances, constitute one and the same lesion, and have as common characters, the property of changing and disorganizing the texture of the rectum, and the tendency to spread both superficially and deeply, and are usually beyond the resources of surgical art.

It is difficult to describe cancer of the rectum, in consequence of the numerous and varied forms it assumes. Sometimes it appears simply as an ulcer, accompanied with vegetations and hardened points, still in a scirrhus state. Sometimes the finger, when introduced into the anus, sinks into the cellular tissue, or into a slough, from which it returns covered with matter remarkably foetid. In such a case, the patient is generally tormented by constant pain, diarrhoea and erratic fever: his face has quite a yellow tinge, and he exhales a most offensive and characteristic odor. These evidences reveal to the most inexperienced the true nature of the disease, and of its fast approaching fatal termination. At other times the picture is less sombre, and there will be found a dry ulcer, without pain; but it will rapidly eat away the cellular tissue, like those destructive cancerous ulcers of the face. Sometimes the rectum is filled with vegetations, and they often even project some distance beyond and around the anus, and completely obliterate this orifice. These vegetations are sometimes quite soft, are easily torn, and bleed upon the slightest touch; they often secrete the most surprising quantity of fluid, so much as to pass through the bed clothes, or to require constant dry napkins. This secretion emits a

most disagreeable odor, and being highly acrid, excoriates all the parts with which it comes in contact.

The diagnosis of the various forms of cancer of the rectum at an early stage, rest in great obscurity. It is true indeed, some authors have attempted to lay down characteristic signs by which to determine the true nature of the disease; but these, however, will often be sought for in vain by the bedside of the patient, and it will sometimes be found next to impossible to determine positively whether the disease is really cancer or not. I have cured several cases which had been pronounced cancer of the rectum by some of our most able surgeons, which were evidently not so, or I could not have cured them. My opinion is that many of the forms that true cancer of the rectum assumes, are generally not cancerous in their origin or incipient stage, but gradually become so as the disease advances.

These malignant alterations of the rectum, as just defined, have been distinguished into cartilaginous, (gristly,) lardaceous (resembling lard) and encephaloid, (resembling brain,) by Dr. Bushe, whose description of them, though imperfect, is the best I have seen. Indeed a good description of them, still continues a desideratum.

Dr. Bushe observes, that "the cartilaginous disease may either commence in the form of hard tubercles on the mucous membrane, or in the muscular coat of the intestine, which is by far the most common; the fibres become pale and firm, while the connecting cellular tissue undergoes a similar process of condensation, without any alteration of color. As the deposition goes on, the cellular tissue frequently becomes lardaceous; but however this may be, the walls of the bowel increase in thickness, and the cellular and muscular tunics are sooner or later confounded and softened. Sometimes the mucous membrane becomes studded with lardaceous and

encephaloid vegetations, while the serous coat presents cartilaginous tubercles.

As I have just mentioned, the lardaceous transformations may be superadded to the cartilaginous ; but I have seen two cases in which it was uncombined. In one of these, the muscular tunic and the cellular tissue were thus transformed, while in the other, the mucous coat was studded with vegetations of this character. Finally, I have seen a case in which the muscular tunic and cellular tissue were lardaceous, while the mucous coat threw out encephaloid growths.

The encephaloid transformation is sometimes primary, commencing in the cellular tissue or mucous membrane ; but more commonly, it is the sequel of the cartilaginous or lardaceous degenerations.

From the changes of structure above described, the cavity of the intestine is diminished, but this is not at all in proportion to the amount of disease ; for the quantity of carcinomatous matter in any one part may not be great, though several inches of the intestine may be diseased. Indeed, it frequently happens, that though the bowel may have been considerably obstructed for some time, the softening down and separation of the projecting masses, again render it pervious.

Any portion of the rectum may be first attacked. It most commonly, however, commences at its junction with the sigmoid flexure of the colon ; then immediately above the pouch, and lastly at the anus.

The adjacent organs are most commonly involved in disease. I have seen a case in which the bladder was perforated, and two, where the recto-vaginal septum was extensively destroyed. When the finger is introduced, we may discover, firstly, that the intestine is firmer than usual, and a portion of its inner surface is covered with indurated tubercles. Secondly, that it is hard and contracted for a considerable



extent, and the mucous membrane studded with ulcers, more or less extensive, whose surface is unequal, granular or fungous, and surmounted with thick, hard, and everted edges. Thirdly, that a firm cartilaginous ring, generally with an uneven surface and so extensive as barely to admit the extremity of the finger, occupies its circumference. Fourthly, that a portion of its inner surface is rendered irregular, and its cavity lessened by soft fungous growths; and fifthly, that the disease is confined to its lower extremity, and a fungus is thrown out, either from a part, or all the circumference of the anus.

The causes of this horrid malady are involved in great obscurity. Some authors have endeavored to trace it to injury, or to inflammation, acting perhaps on a constitution predisposed to cancer; but such conjectures are more plausible than useful. Sometimes the cartilaginous transformation will last for years, while, on the contrary, the encephaloid runs a rapid course, destroying the patient in a few months.

Those about or a little above the meridian of life, are most liable to this disease. No age, however, is exempt from it. I have seen the encephaloid transformation in a boy twelve years old, and the lardaceous in a female of twenty-three. From an examination of published cases, I find that women are most commonly its victims, and especially those who have recently ceased to menstruate. May not this arise from engorgement of the rectum, produced by the more frequent retention of fæces, and the suppression of the uterine flux? When a patient is affected with this disease, he suffers a burning pain in the rectum, which shoots through the pelvis. He is also tormented with a weight in the back, aching above the pubes, numbness of the thighs, and painful retraction of the anus. His stools are frequent, difficult, painful, scanty, slimy, dark colored, and mixed with blood and matter

of an ichorous quality. In some instances, however, they are figured or composed of small pellets, and occasionally they are liquid, abundant, and accompanied with dreadful tenesmus. He, moreover, labors under abdominal pain and distension, eruptions, hiccough, nausea, and severe vesical irritation. Frequently, he cannot sit, and in some instances, is unable to walk, only obtaining relief in the recumbent position. He loses his flesh and strength; the ichorous discharge increases, and runs out when he coughs, or even when he stands erect. There is occasionally considerable hæmorrhage, and he becomes sallow or leaden colored, œdematous, and sinks under continued suffering. Sometimes, however, when the disease is of a fungoid character, he may die from obstruction.

The excessive shooting pain through the pelvis, the sallow or leaden color of the face, and the havoc made by the disease in the advanced state, enables us to distinguish it from stricture. It must be confessed, however, that unless it commences in the form of indurated tubercles or irregular fungoid growths, the diagnosis is not easy, in the commencement." (*Bushe, on Diseases of the Rectum*, p. 290-3.)

With regard to the treatment of this horrid disease, it is unfortunately useless to say much. I will however, call attention to the operation recommended by surgeons for the removal of this disease, viz: excision of the whole anal canal, or lower extremity of the bowel. This is a painful, cruel, unjustifiable, and unnecessary procedure, and one by which the disease is often fearfully and painfully accelerated—the knife only rousing it into fatal activity. Even if it ever could succeed, the patient would be rendered miserable for life, and it would be proof positive that he might have been cured by other means. It is useless, however, to expend words on the reprobation of such a monstrous and extravagantly bad practice.

M. Vidal (de Cassis) fully illustrates the serious results which follow this operation. (*Traite de Pathologie externe, &c.*, 2 me edit. tome. IV., pp. 716-19.) True cancer of the rectum, in my opinion, admits of no other but palliative treatment.

There have also been a great variety of medicines recommended for the cure of cancer, not only of this, but of other parts of the body. Many of these, together with all the acrid and irritating external applications, are frequently worse than useless, being often exceedingly hurtful. The pretensions of empirics, in positively asserting that they have infallible remedies for the cure of cancer, &c., as well as the interference of kind friends and acquaintances, who ever have their particular infallible remedies for every thing, too often deceive the patient, and prevent him from making application at the only time, perhaps, at which the disease might be arrested by proper treatment; or from using those means which, if they did not entirely cure the disease, would keep it in subjection for the time being.

I have met with six cases of cancer of the rectum, in my practice. I did not cure them. Three of these were females and three were males; they were all between the ages of forty-five and sixty, except one, who was about twenty-eight. Although I did not cure one of these, I have every reason to believe that I greatly relieved three of them, and thus prolonged their lives.

One of these, Mrs. —, of Tennessee, aged forty-seven, and mother of several children, consulted me in the fall of 1841, for a cancer of the rectum, which she had labored under for about nine months. Previous to the appearance of the cancer, she had submitted to two operations for a fistula in ano. From the chasm, caused by the last incision, which was extensive, an irregular fungus growth sprung up, and spread so rapidly, that in a short time the tumor encir-

cled the entire anus, and was extending itself to the adjacent parts. This was her condition when I saw her. She died six months afterwards. These two operations were either the immediate cause of the morbid action in the rectum, or they gave great impulse to it, for immediately after the last was performed, the malignant growth commenced and rapidly advanced, whilst the general health in the same ratio declined.

The great tendency to malignant alterations of the rectum in females, who have recently ceased to menstruate, and who appear to be the most common victims of this dreadful malady, should always deter surgeons from operating, even should there be no positive evidence of any malignant tendency at the time.

Since writing the above, in 1846, I have seen eleven additional cases of true cancer of the rectum. They are all now (1855) dead, to the best of my knowledge, except two. The most formidable of the eleven cases were the following four. S. T. Magill, carpenter, St. Louis, Mo.; J. Knox, farmer, Ghent, Ky.; Charles F. McGhee, farmer, Washington, Indiana; H. P. Porter, Fairfield, Indiana. All these cases will be fully reported in my forthcoming work on the Diseases of the Rectum, &c.



## CHAPTER XXII.

### FISTULA IN PERINÆO—URINARY FISTULA.

THIS is a very troublesome, inconvenient, and disgusting disease, compelling the patient, whenever called to pass urine, either to place himself in the same position required to have a fæcal evacuation, or to be subjected to the necessity of having his clothes constantly wet; owing to the urine passing through a fistulous sinus, communicating with the urethra and the perinæum.

The disease is usually preceded by an abscess, situated in the perinæum. The swelling commences slowly, generally assuming a chronic character, and its progress is marked by pain, hardness, shivering, and febrile disturbance. The collection, if suffered to do so, will sooner or later open spontaneously, and frequently discharge at once, both matter and urine. The abscess does not close, but it partially contracts, and thus degenerates into a fistula in perinæo. The discharge is usually thin and glairy; sometimes it is thin, dark colored, and foetid, and often quite copious. Sometimes the abscess instead of opening in the perinæum, opens into the rectum. In such cases, urine passes out of the bowel, and air, and even fæces, may, and do pass through the urethra. At other times one branch of a sinus leads into the rectum, while another leads into the urethra, both having the same external opening in the perinæum, through which urine and fæces pass. When the sinus enters near the neck of the bladder, there is a constant dribbling of urine, and the-

patient has to wear a sponge, or folds of cloth, to absorb it, and his life is thus rendered miserable. In other cases, the urine escapes only during the expulsive efforts at urinating. The surrounding parts are hardened to a greater or less extent, become tender and excoriated, and the patient is in a constant state of discomfort, and his general health suffers severely. There may be but one fistulous opening, or there may be several. Dr. Colles saw a patient who had from twenty to thirty openings in the perinæum and vicinity. I saw one who had fifteen, and urine passed through each one. Though there may be many external openings in the perinæum, there is never more than one opening in the urethra, at one time. Sometimes a very large quantity of the urine passes through the fistulous canal. I once cured a case, where at least two-thirds of the urine passed through the artificial opening. In such cases, the consequence is, that the urethra beyond the opening contracts, and will ultimately become obliterated, unless the fistula is cured.

#### *Causes of Urinary Fistula.*

The perinæum abounds in cellular tissue, and the corpus spongiosum urethra traverses this region, it is therefore a matter of no surprise, that inflammation should frequently spread into this tissue, and occasion suppuration in it, especially when the causes of inflammation are so numerous. Suppuration in the perinæum, as well as stricture of the urethra, are both very liable to follow acute gonorrhœa, particularly if it is badly treated, as is too common at the present day. Nothing is better calculated to lay a sure foundation for this disease, than the indiscriminate, stimulating, and empirical treatment of acute gonorrhœa, as now usually pursued. The most common cause, perhaps, of urinary fistula is stricture of the urethra. The urethra behind the stricture, is always dilated, and sometimes when the patient

is obliged to use much force in expelling his urine, the dilated portion gives way, and the urine is extravasated into the cellular tissue, which gives rise to abscess, and finally fistula. Liston observes, "In the gradual escape of urine by ulceration, behind the constricted point—the urethra being either altogether obstructed, or nearly so—abscess forms in the cellular tissue, exterior to the ulcerating part. The suppuration is often slow in its progress, and imparts to that part of the perinæum a stony hardness. Repeated collections of matter may form, and if the cause be not removed, numerous openings will form in the scrotum and perinæum, and through them foetid matter and urine will constantly and involuntarily distil. The patient is reduced to a miserable state; the neighboring parts are excoriated, and exhale a noisome odor; his body and bed-clothes are soaked and rotted by the discharge, and the atmosphere to a considerable distance around is very offensive. *Fistula in Perinæo* is established."—(*Liston's Elements of Surgery*, by S. D. Gross, M. D., p. 472.)

For the other causes of this disease, the reader is referred to the chapters on *Fistula in Ano* and on *Abscess*.

#### *The Common Method of Treating Urinary Fistula.*

This disease is very difficult to cure. The spongy body of the urethra does not very readily take on the adhesive inflammation, and the constant passage of the urine through the fistulous openings, even independent frequently of the constant use of the catheter, greatly retards, if not hinders the cure.

The usual means resorted to at the present day for the removal of this disease, are the knife, the actual cautery, and various caustics.

Dr. Colles recommends the operation by the knife, to be performed in the following manner: "When you cannot

introduce the catheter, you are directed to cut down through the perineum and urethra on the point of the catheter, to find out the impervious part of the urethra, to cut through it, and pass on the instrument to the bladder, by the inferior opening. Now, the great difficulty is to find this opening, or to find the urethra at all. I assure you, one of the most expert surgeons in the kingdom, *was an hour and a half cutting here and there*, looking for the urethra, and was at last obliged to put the patient to bed, without finding it; the great difficulty is to find the urethra. The way I would advise you to proceed so as to enable you to come on the urethra, is this:—Keep steadily in the middle line—take care that you do not let an assistant divaricate the parts as you cut. If he does, you will be thrown out of the proper line, and you will be *cutting in all directions*, looking for what you will not find. The parts will, indeed, separate but badly of themselves; they will even close on the knife—but do not mind; cut down in the middle line, until you come on the end of the catheter. In some cases the presence of the catheter in the urethra, hinders the wound in it from closing, and you must therefore take it out, notwithstanding the dread you may have of the urethra being very narrow at the seat of the wound. The way I am accustomed to finish the operation, is this: having come down fairly on the urethra, and cut through it, I seek for the lower opening, and pass a small sized gumelastick catheter through it into the bladder. I then seek the upper opening with a probe, and having found it, I just cut off the ivory top of the catheter, and introduce the end into the upper perineal opening of the urethra, and push it up, or push the urethra down on it, until it appears out of the orifice at the glans. I then draw the integuments of the wound over it, and leave it so.” (*Colles’ Lectures on the Practice of Surgery*, p. 248-9.)



It should be recollected that the above are the deliberate conclusions of an able and experienced surgeon, one who for thirty-four years was professor of Surgery in the Royal College of Surgeons of Ireland.

Comment on such a difficult, dangerous, painful and very uncertain operation, is unnecessary. He who will submit to it, when he might be cured by a mild, safe and most certain method, is beyond the bounds of reason and argument, and should be let alone.

I have cured seven cases of this disease within the last ten years, one or two of them extremely bad cases. A few of their letters I will give below, for the benefit of the reader. My motto in the treatment of this, as well as all other diseases, is, that any treatment, in order to be *successful*, must *first* be *safe*.

Were the causes of this disease well understood, and at an early stage well treated, but few cases of fistula in perinæo would occur.

“Great and manifold are the miseries,” says an able author, “which result from the diseases of the urinary organs, and a much more diligent inquiry do they deserve, than they have yet met with;” but as they do not immediately belong to my present subject, I must omit, or at least defer to another opportunity, entering upon them. This I shall do at some future day, in a work about the size of the present.

In the successful treatment of fistula in perinæo, the stricture in the urethra, the induration of the whole neck of the bladder, the enlarged and ulcerated state of the prostate gland, the disease of the veru montanum, vesiculæ seminales and the vasa deferentia, are the great and the principal objects of consideration.

*Letters from Persons Afflicted with Urinary Fistula.*

## LETTER I.

——, La., April 2, 1843.

DR. BODENHAMER : Dear Sir—I have learned through Mr. T——, of your State, that you are very successful in the treatment of various diseases of the lower bowel. I am laboring under a very serious disease, it is not however of the bowel, and I do not know whether you treat such cases; it is what is called a fistula in perinæo. It made its appearance on me just about two years ago, in the form of a small hard lump, at the root of the penis, or between the anus and the scrotum. This lump was slow in forming; sometimes nearly disappearing, then becoming painful, and rising again. I finally consulted my family physician, who advised me to poultice it, which I did for six or eight days, and then it was lanced, and about half a gill of whitish matter came out, and I thought that I was well; but the place would not heal, and I soon noticed whenever I urinated, six or seven drops of urine would pass out at the opening. I should have told you that I had what my physician said was inflammation of the neck of the bladder, about six months before the appearance of the lump. Sometimes I suffered with this very much, but since the other disease has appeared I am better of this. Last June I consulted Dr. ——, of ——, who operated on me with a knife. I remained under his care about six months, when he sent me home much worse than when I placed myself under his care. He advised me to spend the winter in the south, and return in the spring, and he would operate again. The cut has but partially healed, and instead of the few drops that used to ooze out, the urine now comes out in a stream. Indeed, about one-half of the urine now passes out through this opening. The parts all around have become hard, very sore, and excoriated, and my general health is suffering very much. Of late, whenever I pass water, I have the most severe pain, and shivering spells, like the ague, so that I dread very much to urinate.

The author of the above letter called upon me at Louisville, Ky., in about two months after the date of his letter, and in nine weeks he was perfectly cured, and has remained so ever since. I had the extreme pleasure of seeing him at the St. Nicholas Hotel, New York, last August, 1854, in perfect health. It is now eleven years since I cured this gentleman, during which time I have cured about forty similar cases.

## LETTER II.

N. O., La., Feb. 16, 1844.

—— I have now no less than three openings running up into the urethra, and the urine comes down through each one of them. My fistula was caused by a stricture of the urethra, which I have had for five years, and still have as bad as ever. I have had the best surgeons in New York and Philadelphia to attend me. I have had the stricture cut and burnt with caustic a dozen times, but resulting in no good, and I must have had one hundred bougies pushed up. But this fistula alarms me more than anything else, and I long since determined to die, rather than be cut for it with the knife. I reside in the state of New York, but I am on business in this city, which will detain me here a few weeks. I will wait here for your letter, and if you think you can cure me without the knife, I will visit you forthwith.

This gentleman visited me at Louisville, Ky., four weeks after the date of his letter, and was cured in a short time. I cured his stricture first, and his urinary fistula afterwards.

## LETTER III.

C——, O., December 24, 1843.

DR. B.: Dear Sir—There is another case of *fistula in perinæo* in this city, one of my friends, a young man about twenty-one years old. He is of a scrofulous temperament. There is a tumor at the root of the penis, considerable soreness and swelling in the whole region. He will find it difficult to leave home, as he can scarcely be moved. What shall be done? I suppose that the hope of a cure would stimulate him so much, that he would bear the pain and privation of a removal from his father's house. Please write, on the reception of this, to Mr. ——, C——, Ohio.

This young man was brought to Louisville in a few days after the date of the above. He was so feeble that he was scarcely able to walk. I cured him in a short time. He had previously been attended by two eminent physicians of C——.

## CHAPTER XXIII.

### VAGINAL FISTULA.

THERE are but few infirmities incidental to the female sex, more distressing in their nature, and which render the condition of their victims more truly miserable, than this unfortunate and painful accident.

The vagina may have a communication by means of one or more openings with the bladder or urethra, by its anterior parietis, and with the rectum by its posterior parietis, or at the same time, in front and behind, with each of these cavities.

Vaginal fistula then, may be distinguished into three forms: vesico-vaginal, urethro-vaginal and recto-vaginal.

Vesico-vaginal fistula is that form of the accident in which an irregular communication exists between the vagina and the bladder, through which the urine enters into the vagina, and constantly flows out involuntarily. This form, which is decidedly the worst, is usually occasioned by the detachment of a slough, the consequence of long continued pressure of the foetal head in the excavation of the pelvis, during difficult and laborious labors; by the unskillful use of obstetrical instruments; by the ulceration from the lodgment of foreign bodies in the bladder; by abscesses; by venereal ulcerations; by cancerous ulcers situated on the neck of the womb, &c.

“The situation of vesico-vaginal fistulæ,” says Professor Dieffenbach, “is very various. In some cases I found the



orifice about one inch behind the mouth of the urethra. Sometimes further back; at other times, finally, as high up as the os uteri. They are seldom situate at any great distance from the middle line of the vaginal parietes. Killan, Jobert, and several other writers remark, that the accidents are more or less severe, according to the situation of the fistulæ. For example: when high up, the urine comes away only at times, and when the bladder is very full. However, I have always found the patient wet—no matter whether the opening was situate low down, in the middle, or very high in the vagina. Even the greater or less extent of the orifice seems to make little difference. The women were as constantly wet when the opening into the bladder was not larger than the point of a sound, as when it would admit the index finger. It is evident, however, the accidents must be greater in extensive destruction of the vagina and bladder.

The inconveniences resulting from vesico-vaginal fistulæ, are of the most deplorable kind. Those connected with the married state, do not require explanation. The constant passage of the urine into the vagina, must necessarily produce considerable irritation, and even inflammation. The external genital organs, the perineum, insides of the thighs, and the legs, are exposed to the same injurious actions; the skin assumes a bright red color, and is partially covered with a furuncular eruption. The patients complain of a most disagreeable burning and itching sensation, which often compels them to scratch themselves until the blood comes forth, and thus aggravate their sufferings. Others are obliged to shave off the hair from the external organs, which are sometimes covered with a calcareous deposit from the urine. Frequent washing with cold water is of little avail, since the linen is quickly saturated with the fluid which escapes. Position also avails little, and the bed, even when consisting of a hair mattress, is quickly soaked through, and emits a most disa-

greeable odor. The wretched patients themselves are compelled to pass their lives on a straw bed, the materials of which are changed every day. The air in the chambers of such patients acts injuriously on their lungs, and wherever they go, they taint the atmosphere. Washing and inunction are attended with no advantage. Perfumes only increase the disgusting effect of the smell. This unhappy accident breaks through all family ties. The most tender hearted mother is driven from the society of such an afflicted child; she is confined to a solitary chamber, or sits on a perforated stool of naked wood, or a plank, with an open window to the apartment, unable to cover the seat with any cloth. Some of these unhappy patients fall into a state of indolence; others present a stupid resignation; while others would willingly resign their lives to get rid of the misery which surrounds them. It is impossible to find any alleviation of the accidents by mechanical contrivances. The introduction of a sponge, saturated with cold water, prevents the discharge of urine for a few hours, in cases where the fistulous opening is small. However, the sponge soon becomes saturated with urine, and produces disagreeable sensations, which render it insupportable to many females. All attempts at filling the vagina, and thus preventing the influx of urine, have failed. The different contrivances for receiving the urine which flows into the vagina, are also equally useless, and I have seen many cases in which they aggravated the evil instead of relieving it." (*Physiological Views relative to Vesico-Vaginal Fistula, &c. London Lancet, August 27, 1836. From Berlin Med. Zeit, June, 1836.*)

Urethro-vaginal fistula is that form of the accident in which a preturnatural communication exists between the vagina and the urethra. This form is not so bad as the preceding, because the urine does not flow usually except during the voluntary expulsion of this fluid, which escapes partly

by the accidental perforation. It may be produced by the same causes, which produce the former.

Recto-vaginal fistula is that form of the accident in which a fistulous passage communicates between the vagina and the rectum. This accident is usually the result of laceration of the septum, between the vagina and the rectum, by the rash use of instruments, or by tearing in the natural efforts of parturition. In the latter case, the perinæum usually suffers laceration also, or by the opening of abscesses in the direction of the two passages, &c. In such cases the fæces when solid, are expelled, in part, through the vagina, and in part, through the anus; but only during defecation. When the fæces are fluid, however, they and the intestinal gases escape involuntarily through the fistula, and pass out by the vulva.

This form of the disease appears to be common among prostitutes, in consequence, it is believed by some, of the recto-vaginal wall being exceedingly thin in such characters. In about four thousand prostitutes in Paris, says Mons. Duchatelet, there occur annually about thirty cases of recto-vaginal fistula; and strange to say that they sometimes heal of their own accord, while these patients are pursuing their ordinary avocations. These fistulæ were generally found to co-exist with phthisis. (*De La Prostitution Dans La Ville De Paris. By Mons. Parent Duchatelet, M. D.*)

*Some of the Methods of Treating Vesico-Vaginal Fistula.*

Vesico-vaginal fistula has doubtless existed at all periods; yet strange to say, that no good history of it can be found, and it has only been since the commencement of the present century, that it has at all attracted the attention of surgeons. It is to be hoped, therefore, that the importance of the subject will not fail to excite the sympathies of all who understand its nature, in causing them to use every exertion in

their power to alleviate the condition of those who are its victims; always remembering that they are *Heaven's best gift* to man.

It is admitted by all that the treatment is attended with the greatest difficulty. In fact it is seldom ever cured. This, on account of the unfortunate sufferer, has always been a matter of the most profound regret.\*

A most savage operation for vesico-vaginal fistula is now performed and advocated by some of the French surgeons—it is nothing more nor less than an attempt at the complete obliteration of the vaginal canal. If this operation could ever succeed in curing the disease, and if there was no other method less objectionable, then perhaps the adoption of it might be countenanced. The following extract from Ranking's Medical Abstract for July—December, 1845, pages 196–7 gives the *modus operandi*.

“J. L. Petit shrank before the difficulties of any attempt to cure this disease when there was considerable loss of substance; but since the publication of a memoir by Lallemand, in 1825, the first surgeons in France have made efforts to cure it. Among these may be cited Desault, Dupuytren, Mallagodi, Roux, Velpeau, and Vidal, but with very little success. Many have denied that a cure has ever been obtained; nevertheless M. Jobert is said to have performed seven operations of an autoplasmic nature, to which he has applied the term *elytrophasty*, with more or less success. We have given a very interesting case of this disease, (*Abstract, Art. 67*), in which the last mentioned surgeon,

\* I take pleasure in stating that Dr. J. Marion Sims, formerly of Alabama, but now of this city, (New York,) has invented a method of curing *vesico-vaginal fistula*, which is said to be uniformly successful. I have not the pleasure of an acquaintance with Dr. Sims; neither do I know any thing in relation to the particulars of his method—yet I have every reason to believe that it is as represented.



having failed in his usual method, adopted a new one with complete success.

“In a report by M. Vidal, (*Annales de la Chirurgie, May, 1845,*) of a discussion at the Royal College of Medicine, we obtain the particulars of a case operated on by M. Berand, by the method of infibulation or obliteration of the vagina. The principle of this method, is to abandon the perforation in the bladder, and to unite the vulva, so as to obliterate the vagina, and to form, with its posterior parietes, a new fundus to the bladder. The case was an enormous fistula, in which not only the vesico-vaginal partition, but the posterior part of the urethra was destroyed. M. Berand made an elliptical incision round the vagina, behind the nymphæ, from the meatus above to the commissure below. The posterior edge of the incision was taken up with forceps, and the mucous membrane dissected off, two centimetres above and three below. It then formed a diaphragm, adherent by its large circumference, and pierced with an oval opening, presenting an external bleeding surface, and an epithelial surface towards the vagina. A suture (a point passe,) was passed round the small circumference, the two ends of the thread being left pendent in the vulva. Then a catheter (sonde de Belloc,) introduced by the urethra, was passed through the fistula, and brought out by the small circumference. The two ends of the ligature were fixed upon this, and drawn back by it through the urethra. The catheter was then replaced by an elastic gum bougie, intended to facilitate the flow of urine, and to give attachment to the thread. This was fixed firmly. On drawing the threads the circumference of the diaphragm was drawn, like the mouth of a purse, backwards, presenting the aspect of a hollow cone, which could be tightened so as to close the aperture. The surfaces of the mucous membrane, from which the circular diaphragm was detached, were drawn together, and

maintained in contact by suture. The obliteration of the vagina was not complete, and the patient died of peritonitis about six weeks after the operation.

Numerous objections to this operation were brought forward. Among the rest, the impossibility of obtaining a complete occlusion of the vagina—the difficulty of the operation—the retention of the menses in early life—the prevention of the performance of the sexual functions—and the danger of peritonitis and purulent absorption. M. Berand remarked, in reply, that a woman with a large and deep vesico-vaginal fistula, the urine flowing without cessation, and irritating the vagina and vulva; the buttocks and thighs irritated; the patient exhaling an insupportable odor; the sexual relations prevented; the disgust inspired; her sufferings casting her into despair; urging her to suicide, or leading to inevitable death—the case incurable by all known means,—under these circumstances, he retains his favorable opinion of the operation for the obliteration of the vagina. In the case in question, the patient was doing well to the twenty-third day, when an inflammatory attack occurred from cold, and she died seventeen days afterwards. On dissection, the vulva was found nearly obliterated, two small openings only existed, superiorly and inferiorly; the latter communicating with the vagina and the former with the bladder.”

The following goes to prove that vesico-vaginal fistula may sometimes be cured by very simple means.

“During the time not yet very remote, when it was supposed that the cure of vesico-vaginal fistula was always beyond the resources of art, and especially that it was useless to attempt the radical cure, by means of a surgical operation, the palliative mode, which was generally employed with the sole view of diminishing the inconveniences of a disgusting infirmity, was sometimes found to be successful in the cure

of the patient. Fabricius Hildanus, who died at Berne, in 1634, relates a complete cure obtained in this way, in a lady affected with a vagino-vesical fistula, following a laborious labor. According to this celebrated author, the cure was obtained by a treatment of eight months duration, which consisted simply in the use of some purgative doses, and of frictions upon the loins, but especially in the frequent employment of injections, composed of a decoction of barley, of quince seeds, and the seeds of the fenugreek, (*trigonella*, *fœnum græcum*,) to which he added oil of sweet almonds and honey of roses. We subjoin, moreover, the most important passages from this curious case: "*Illa autem continuo usa medicamentis (ut dixi) conglutinantibus, et per intervalla etiam purgantibus, intra menses octo, non sine admiratione omnium eorum quibus res cognita plane curata fuit, adeo ut nunc Dei optimi maxima gratia ne guttula quidem urinæ involuntariæ affluat, sed a vesica colligatur, retineatur et excernatur non aliter ac si antea nunquam male affecta fuisset.*" — (*Colombat on Diseases of Females*, p. 244-5.)

My success in the treatment of these sad accidents, so far, has been complete, having had but four cases, and having perfectly cured each one. One was a case of vesico-vaginal fistula, and three were cases of recto-vaginal fistula. Two were married ladies, and mothers. They both have had children since they have been cured, and are now both doing well. In one of these, the accident was caused by a laceration during a difficult labor, in the other it was caused by an abscess in that particular vicinity.

The following letters will be explanatory of the case of vesico-vaginal fistula alluded to.

——, *Ky.*, May 21, 1841.

DOCTOR BODENHAMER:—Dear Sir—From what I know of your success in the treatment of a certain class of diseases, I have for the last six months been using my utmost endeavors to induce my sister-in-law, Miss ——,

who resides with me, to consult you for a most loathsome complaint which she has been laboring under for the last eighteen months. Such has been her reluctance to undergo an examination and treatment, that she had determined to linger out a miserable existence rather than submit. This morning, however, she consented, for the first time, to let me give a statement of her case, and at least get your opinion of it. She has taken a great deal of medicine, but she has never been examined by any physician. About one year before this disease came on she labored under some disease of the bladder, at least such was the opinion of her physician. She most always felt a dull, heavy pain about the bladder, extending to the back, hips, and down the thighs, attended by a difficulty in urinating, and a constant desire to do so. All this time, everything was done, that could be, to relieve her, but without doing any good. Her general health continued to decline, until she was scarcely able to walk across the room. One day as she was coming down the stairs, she felt something break loose near the bladder, and immediately there was a discharge of about half a pint of thin dark colored and very offensive matter. This she always believes came from her bladder. Since this has taken place, she suffers scarcely any of her old pains; but what is much worse, there is a constant dropping of urine both day and night, so much so that she has constantly to keep fresh clothes applied. The smell is also so very offensive, that she now has a room to herself, and scarcely sees any one. There is no discharge of matter now, as far as she knows. Her general health is better than it was previous to the appearance of the disease, but I discover lately that she is getting worse again. She appears quite melancholy and desponding, indeed she has entirely changed in every respect. Her age is twenty-four, and she has never been married.

—, *Ky., December 23, 1841.*

DEAR DOCTOR—According to promise, I now write you again. Miss — continues well; indeed I consider her entirely cured. She can scarcely realize it herself, and has until a few weeks always been imagining that she might not be entirely well, or anticipating that the disease might return. However, within the last two weeks she has changed very much in this respect, and she is now as cheerful as she ever was, and in as fine spirits. To give you some idea of her zeal in your behalf, a few days ago, she made me take her in the carriage some twelve miles to see a lady, a stranger to us, who she heard had a disease like her own, in order to prevail on the lady to visit you immediately. It proved however to be a different disease.

This young lady continued well up to the fall of 1843, when she married, and left Kentucky. She wrote me in the spring of 1845, that she was in perfect health.



A full report of these cases of vaginal fistulæ together with the treatment, will be given in my forthcoming work on the genito-urinary organs.

Since the preceding chapter was written in 1846, I have successfully treated five additional cases of *recto-vaginal fistula*. Now 1854.

THE END.



## TESTIMONIALS.

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*The following commendatory notices have reference to the First Edition of this Work (1847).*

THE PUBLISHERS of BODENHAMER'S work on ANAL AND RECTAL DISEASES, are much gratified at being able to furnish the following, a few of the numerous testimonials of approbation which have thus early come to hand. When this work first appeared, it had to encounter much deeply rooted prejudice, on account of its not containing the peculiar treatment of the author, &c. In spite, however, of these obstacles, its reception has been truly flattering; and many of those who were at first prejudiced against it, are now acknowledging the practical information they have derived from its perusal.

The author has devoted several years to the study and treatment of this class of diseases; and it is admitted that where the mind is wholly devoted to any one object, with talent and perseverance, excellence must ultimately be attained. He has truly invaded this difficult and disagreeable province of Surgery, and made it his own by conquest. The work is decidedly a desideratum, and should be in the hands of all to whom it is addressed.

*From the Southern (New Orleans) Literary Advertiser, January, 1847.*

“Practical Observations on some of the Diseases of the Rectum, Anus, and Contiguous Textures; giving their Nature, Seat, Causes, Symptoms, Consequences, and Prevention; especially addressed to the non-medical reader By W. BODENHAMER, M. D.” Printed for the Publishers, A. G. Sparhawk, Cincinnati. J. B. Steel, New Orleans.

The subject on which Dr. Bodenhamer treats is one coming home to the feelings of perhaps three-fourths of our adult population. The diseases affecting the rectum and contiguous parts, such as piles, abscesses, fistula, are far and wide spread, and the physician who can devise a system of effectual prevention and cure to these tormenting visitations, often fatal in their results, well deserves the thanks of humanity at large. The observations which the author here publishes, seem founded on diligent research, and much scientific knowledge; and the testimonies which accompany them, being letters from his patients, whom he has relieved, go far to prove that his method of treatment is eminently successful. We perfectly concur with the learned Doctor, in his denunciation of the pernicious habit of taking drastic medicines, for the least constipation. They are, in nine

cases out of ten, with both sexes, the causes of the disagreeable complaints of which he treats. Fathers of families would do well to provide themselves with a copy of this work.

*From the New Orleans Delta, February 5, 1847.*

BODENHAMER ON ANAL AND RECTAL DISEASES.—This is a medical work of much usefulness, especially designed for the information of non-medical readers. The author is W. BODENHAMER, M. D., of Louisville, Kentucky; at present a practitioner in this city. It is for sale at J. B. Steel's, 14 Camp-street.

*From the Vicksburg Whig, December 31, 1846.*

DR. BODENHAMER.—We have received from this gentleman, through a friend in this place, a work on many diseases, some of which we know are not less numerous here than in some other places. The work is addressed to the non-medical reader, showing the manner in which all the diseases spoken of are brought on, and how they may be avoided. The Doctor does not give the cures, and his reasons are certainly good. In the first place, he is opposed to publishing cures for the multitude; and secondly, he believes that persons treating diseases should have a full and complete knowledge of the anatomy and physiology of the parts concerned. He will, however, at some future time, address a work of the same character, more full in detail, in which will be embraced his treatment. This work certainly demands the attention of those to whom it is addressed, as there are indubitable proofs of the efficiency of the author contained in the work. Besides, the estimation in which the Doctor is held by one of our Levee merchants, will be sufficient for any one in our city to know, as evidence that there is no humbug about the work. It may be had at Sale & Creecy's.

*From the Maysville (Kentucky) Eagle, June 5, 1847.*

BODENHAMER ON ANAL AND RECTAL DISEASES.—The author of this work, to whom we are indebted for a copy, Dr. W. BODENHAMER, formerly of Paris, but for several years past engaged in practicing medicine in Louisville and New Orleans alternately, is known either personally or by reputation to many of our readers. This work, which he designs following by one more comprehensive for the profession, was written for the *public*, and is divested, as far as may be, of the technical language that bewilders the unskilled in medical reading. It is thorough and practical, and the nature and frequency of the diseases treated of will make it highly acceptable to every unfortunate sufferer. The work is for sale at the Eagle Book Store.

*From the St. Louis Republican, July 8, 1847.*

A NEW WORK, which has recently been published in Cincinnati, and may be found at the bookstore of W. D. Skillman, on Fourth street, in this city, promises to attain very general celebrity. It treats of a class of diseases now very common in this country, affecting the lower viscera, and for which caustic and very harsh remedies have been attempted, in most cases without affecting positive cures. The author of the work is Dr. W. BODENHAMER, and it is "especially addressed to the non-medical reader," and is so free from the technicalities of the science as



to be easily understood. The book is interspersed with hundreds of cases, stated by the sufferers, in which cures have been effected, by adopting the mode of practice suggested by Dr. BODENHAMER; and it is reasonable to suppose that others, laboring under similar diseases, will at once seek the remedy which he holds out to them. Dr. BODENHAMER is a resident of Louisville.

*From the Pittsburgh Christian Advocate, June 23, 1847.*

BODENHAMER ON ANAL AND RECTAL DISEASES.—This is a most valuable book for the non-medical reader—for to such it is addressed. If he is not afflicted with any of the horrid diseases treated of in the work, it may be the means of prevention. If he is afflicted, we would advise him to go immediately to Dr. BODENHAMER, whose mode of treatment is without cauterizing or knife, but bland, safe, and almost certain. We are acquainted with a gentleman in this city who suffered for twenty years, and was cured in a very short time by Dr. BODENHAMER. Hundreds have applied to him and have been cured. The above work is for sale by J. L. Read, 4th street, near Market.

*From the Nashville Orthopolitan, September 15, 1847.*

Messrs. Graves and Shankland have laid upon our table a volume entitled—"Practical Observations." This work treats of diseases of the most painful character, "giving their nature, seat, causes, symptoms, consequences, and prevention;" and it is especially addressed to the non-medical reader. The author, W. BODENHAMER, is a practicing physician, and his book is written in plain and understandable language; it is not rendered unreadable by technicalities. We think this book well calculated to do good. It may be had of Graves & Shankland, Union-street.

*From the Louisville (Kentucky) Democrat, December 8, 1846.*

BODENHAMER ON ANAL AND RECTAL DISEASES.—This work has just been issued from the press, and is now offered for sale by J. Maxwell, Jr., and F. W. Prescott & Co., to whom we are indebted for a copy. The author has acquired great celebrity in the treatment of this class of diseases—is unequalled in our country. The book is especially addressed to the non-medical reader, but doubtless it will find its way in numbers to the hands of the profession.

*From the Louisville Journal, December 8, 1846.*

BODENHAMER ON ANAL AND RECTAL DISEASES.—The author of this work has devoted himself for years, with unrivalled success, to the cure of the diseases which are the subject of the volume. It is doubtless a valuable work. For sale by J. Maxwell, Jr.

*From the St. Louis New Era, July 7, 1847.*

Mr. Skillman has sent us a work by Dr. BODENHAMER, being "Practical Observations" on certain diseases of the lower viscera, in the cure of which this gentleman seems to have been eminently successful. The diseases in question are very common in the South and West, and are frequently the result of the ordinary medical treatment of these regions. They have hitherto been managed with caustic and the knife—but Dr. BODENHAMER uses neither. He thus not only

relieves his patients from very troublesome and painful maladies, but saves them from a butchery, which often fails of a cure. Doing this, as it would appear he does, he is a benefactor in a double sense; and it is only desirable that his method of treatment should be universally known, so that it may be universally followed.

*From the St. Louis Reveille, September 21, 1847.*

PLEASING INTELLIGENCE FOR THE AFFLICTED.—We learn from a friend who has recently been under the medical care of Dr. BODENHAMER, of Louisville, that this eminent physician purposes to spend the month of November in this city. His skill and astonishing cures in diseases of the rectum, fistula, piles, &c., has built for him a well merited reputation throughout the South and South-West; and as these afflictions are very prevalent in this region, we know that we do those afflicted a service in imparting the above information. Dr. B.'s work upon the cause of these diseases, should be used by every reader; for it imparts lessons which would serve to protect them from such maladies. He argues, and we unhesitatingly agree with him, that the recklessness with which people use drastic purgatives upon every slight cause of ailment, is the chief source of those afflictive diseases.

*From the New Orleans Picayune, December 29, 1846.*

“Practical Observations on some of the Diseases of the Rectum, Anus, and Contiguous Textures; giving their nature, Seat, Causes, Symptoms, Consequences, and Prevention; especially addressed to the non-medical reader. By W. BODENHAMER, M. D.”

Such is the title of a work which we have received from the author, accompanied by numerous testimonials from gentlemen of character as to the Doctor's general skill and intimate familiarity with the particular class of diseases of which his work treats. We would especially call the attention of all interested to this valuable work. It is for sale at the Book Store of J. B. Steel, 14 Camp-street.

*From the Western (Paris, Kentucky) Citizen, June 18, 1847.*

DR. BODENHAMER.—We advertise in another column a new medical work, from the pen of Dr. BODENHAMER, formerly of this place. Our community are so familiar with the success of Dr. B. in the diseases of which his work treats, that it is entirely unnecessary for us to commend it to public attention.

*From the Pittsburgh Protestant Unionist.*

“Practical Observations on some of the Diseases of the Rectum, Anus, and Contiguous Textures; giving their Nature, Seat, Causes, Symptoms, Consequences, and Prevention; especially addressed to the non-medical reader. By W. BODENHAMER, M. D., Louisville.”

DR. BODENHAMER is personally known to us, and is one of our brethren. He is a very estimable man, and withal, the most famous practitioner in that class of diseases, in relation to which this book is written, that exists in the East, West, or perhaps any other country. We know no physician who has attained to an equal celebrity in this respect with Dr. BODENHAMER.

The reader's attention is now called to the following, a few of the very numerous testimonials which the author has in his possession, relative to the uniform success which has attended his peculiar practice in the treatment of the diseases named in this work.

*From the Western Citizen, Extra, of January 15, 1841.*

We issue a small extra sheet this day, containing the Card of Dr. Bodenhamer, and the testimonials of a number of gentlemen, who have been cured by him. We take pleasure in adding our testimony to the success which has attended Dr. B's. practice in those diseases. Several of the gentlemen, whose certificates accompany his card, are our personal acquaintances, and others are known to us from character, and from a partial acquaintance, while here under Dr. B.'s care, and we take great pleasure in stating that the utmost reliance can be placed upon these statements.

Dr. B. has been eminently successful in his treatment of those diseases as our whole community could testify, and is excited by a laudable spirit, in endeavoring to place the facts before all, who may labor under their sufferings.

We send forth this "little extra," with the hope that it will prove "glad tidings of great joy" to many who are laboring under those the most painful and loathsome diseases "which flesh is heir to."

We may add, that ours is a pleasant little town, in a rich and beautiful country, and its health, locality, accommodations, and all combine to render it just such a place, as a stranger would like to tarry at for a while.

*We notice in the Louisville Journal, of August 31, 1840, the following paragraph:—*

"On Friday we noticed the arrival of Dr. Bodenhamer, distinguished for his novel treatment of a certain painful disease without the use of the knife. Dr. B. has since exhibited to us the most satisfactory testimonials of his success, from persons well known to the public."

*Also the following from the same, of March 22, 1842:—*

"MESSRS. EDITORS: Feeling well assured that you are disposed to publish any thing calculated to benefit the afflicted, and subserve the interests of science, I would respectfully ask a brief space in your extensively circulated paper, in order to call the attention of all those afflicted with diseases of the *rectum* and *anus*, to the card of Dr. Bodenhamer. He is now at the Galt House, and intends remaining there for a few days, as I am informed. The class of diseases to which he has given his most particular attention, and in which he has had a most extensive practice, embraces some which are perhaps as distressing in their nature, and which render the condition of their victims more truly miserable, than perhaps any other to which human nature is liable. The unparalleled success of the Doctor's peculiar method of treating these diseases, has attracted to his residence (at Paris, Ky.) patients from different sections of the Union, and also secured to him a very enviable reputation. We would advise all persons laboring under any of these diseases, to avail themselves of the present opportunity of seeing and consulting the Doctor whilst he remains in the city.

D. F\*\*\*\*."

*From the Louisville Journal, May 24, 1843.*

In publishing Dr. BODENHAMER's card, we feel that we are doing a public service by calling attention to it. Dr. B. called upon us a few days ago and exhibited to us his case of instruments, which greatly surprised us by their variety and singular ingenuity. We can venture to say from the facts and testimonials before us, that there are few cases of the diseases which he professes to treat, that he does not cure perfectly, speedily, and without the infliction of pain.

*The following is from Dr. THOMAS, formerly of Richmond, Va., but now of Mott Haven, N. Y., Editor of "The Herald of the Future Age."*

The man, who by any discovery in the treatment of diseases, especially of surgical diseases, can diminish the intensity of human suffering, richly deserves the title of *Euergetes*, or Benefactor of his race. In the treatment of *fistula in ano et perineo* recourse is generally had to the knife, which is always painful, often hazardous, and frequently unsuccessful. These results are the invariable concomitants of the popular practice. We feel pleasure, however, in announcing to the public, that those afflicted with the diseases mentioned in Dr. BODENHAMER's card, may, if they will embrace the opportunity, confer upon themselves much happiness, by placing themselves under his treatment, which consists not only in *treating* but *curing* these diseases. We have seen many drawings of cases which have been cured by Dr. B. Several of these had been previously operated upon twice or more times with the knife, but without a curative effect; thus superadding to the misery of the disease, intense suffering from useless incisions. Dr. B.'s principle of cure is a strictly scientific one; it is a principle adopted by all educated practitioners in the treatment of numerous surgical cases; and one, in brief, without which they could do nothing. From frequent conversation with the Doctor, we have been enabled fully to comprehend his treatment, and have no hesitation in saying, that were it submitted to the judgment of the Royal College of Surgeons in London, Dublin, or Edinburg, they would pronounce it perfectly scientific, and the apponent of it to practice as worthy of all praise.

For ourselves, there is nothing we despise so cordially as quackery in any department of human knowledge or ingenuity. We can assure the public, there is none in the pretensions of Dr. BODENHAMER. The cases he has cured, as the Editor of the Louisville Journal says truly, "*without the infliction of pain*," will speak for themselves. The doctor has cases from the remotest parts of the Union, who come to him, and board in Louisville, for the sole purpose of being under his care, upon the recommendation of others, who have been made whole by his instrumentality. For one thing we cannot but blame him, namely, that he is too diffident—a fault, however, if indeed it be one, the almost invariable accompaniment of true merit. We think he ought to advertise his card in the principal journals of the Atlantic Cities, inasmuch as he is fully competent to confer substantial benefit upon the afflicted as well as upon himself. Hitherto, we believe, he has depended chiefly on the recommendation of the individuals he has cured.

JOHN THOMAS, M.D.

Louisville, Ky., June, 1844.



*From the Louisville Tribune, July 5, 1844.*

We would direct especial attention to the documents contained in Dr. W. BODENHAMER's advertisement on our first page. He has been prompted to the publication of them by his friends, who consider him as pre-eminently entitled to public consideration and confidence, not only in the treatment of perineal, anal and rectal lesions, but also as a physician in general.

*The following is from "The Protestant Unionist," Pittsburg, Pa.*

MEDICAL.—Perhaps from no other class of diseases, is more suffering experienced, than from those affecting the rectum. None are perhaps more difficult to treat successfully, and certainly there are none in which a rational treatment is more necessary. Of the practitioners who have directed their skill and genius to the cure of these diseases, no one has attained to greater celebrity than Dr. W. BODENHAMER, of Louisville, Ky. In the Louisville Tribune, Extra, Dr. B. says:—"Too many patients are said to have been cured by operations that have ultimately failed. Those bloody beacons, like the false lights of wreckers, have blazed but to betray, and the surgeon and the patient have often been lured on by their lying lustre to perform and to submit to barbarous repetitions of equally unsuccessful butchery. It should, therefore, be the great object of surgeons to discountenance these barbarous practices. To this point mainly our humble efforts have been directed."

*The following was received from the Hon. RICHARD M. JOHNSON, whilst he was Vice President of the United States.*

My Dear Sir:—This will be handed you by Dr. BODENHAMER, who wishes to make some publication in the Globe, relative to a certain class of diseases which he treats with the most astonishing success. Permit me, therefore, to recommend him to you as a gentleman of real merit, and in every respect worthy of confidence. I solicit for him your kindness and friendship.

I am very respectfully yours,

F. P. BLAIR, Esq.,

Editor of the Globe, Washington, D. C.

R. M. JOHNSON.

*The following is from "The New Orleans Picayune," of January 24, 1846.*

DR. BODENHAMER, whose advertisement will be found in another column, comes recommended by letters from the most respectable gentlemen, professional and otherwise, of the West. They speak of him as eminently successful in the branch of his profession to which he has given particular attention.

*The following is from SAMUEL P. WEISIGER, Esq. His case is alluded to, in another part of this work.*

GENTLEMEN—This will be handed to you by my friend, Dr. BODENHAMER, of this city. He visits New Orleans for the purpose of spending a few months, and practising his profession. The Doctor treats the piles and fistula with great success; he having treated my case, (after having suffered greatly for more than eight months,) and giving me relief in a few weeks. I can, therefore, recommend

the Doctor to any of your friends who may be laboring under a similar affection. Any aid rendered, or attention shown the Dr., will be gratefully acknowledged.

Respectfully yours, &c.

SAM'L. P. WEISIGER.

Messrs. WORSLEY, FOREMAN & KENEDAY,

Commission Merchants, New Orleans, La.

Louisville, Jan. 1, 1846.

*The following is from W. Bishop, Esq., proprietor of the Louisville Hotel :—*

DEAR SIR—Permit me to introduce to your acquaintance and friendly attention, my friend Doctor Bodenhamer, of Louisville. It is the Doctor's intention to practice his profession in your city for a short time. Here he stands very high in a particular branch of his profession. Any attentions or civilities extended to him, in aiding the object of his visit, will be thankfully acknowledged by

Your friend and humble servant,

W. BISHOP.

N. P. WOOD, Esq., New Orleans, La.

Louisville, 8th January, 1846.

*The following is from my friend L. H. Mosby, M. D., late Post Master of Louisville :—*

DEAR SIR—Although I have not the pleasure of a personal acquaintance with you, it has been my good fortune to have corresponded and co-operated with you in the Post-office service. I hope you will then excuse the liberty I am taking in introducing to your acquaintance Dr. Bodenhamer, a practitioner of medicine in this place.

Dr. B. has for many years given his particular attention to the treatment of the diseases of the rectum ; and I certainly regard him as decidedly the most successful practitioner in that department of the profession, that I have ever known. I therefore do most cordially recommend him to any of your friends or acquaintances who may need his aid.

I suppose you may have heard that I have had to "*walk the plank*"—and have to return to the practice of my profession—and which, by-the-by, I had better never have left.

I am truly and respectfully,

Your unknown friend,

L. H. MOSBY.

Gen. W. DE BUYS, New Orleans, La.

Louisville, Ky., January 3, 1846.

*From the New Orleans Delta, Jan. 1, 1850.*

DR. BODENHAMER.—This gentleman, who resides at Louisville, Kentucky, is now on a professional visit to our city, where he will remain till the 1st of April next. Dr. Bodenhamer has a great reputation for treating diseases of the rectum, curing fistula, &c, as present testimonials of success from some of the most conspicuous citizens in our city, as well as in the west, testify. His method is said to be remarkably mild, safe and certain. Hundreds of persons in the west rejoice

in cures of these horrible diseases, effected by the science and skill of Dr. Bodenhamer. His residence is at the St. Charles Hotel.

*From the Louisville Democrat, August 19, 1850.*

We had the pleasure of seeing a few days ago, at Mr. Beard's jewelry store, an elegant silver pitcher, of beautiful workmanship, belonging to Dr. Bodenhamer. It was lately presented to him by Dr. Williamson, a planter of Louisiana, as a token of gratitude to the Doctor for having relieved the donor entirely of a most inveterate and painful disease. Dr. B.'s eminent success in treating diseases of the same class is well known, and such testimonials are creditable to him that gives and him that receives.

*From Hall's Journal of Health, New York, May, 1854.*

No educated physician in the West and South-West has had so extensive and successful a practice in these painful diseases as Dr. Bodenhamer. His wide reputation has secured him patients from every portion of the United States, and his forthcoming work will doubtless be an important addition to the Literature of the profession. It is to be hoped that it will not long be delayed.

*The distinguishing feature in Dr. B.'s treatment of these diseases is, that cauteries and the knife are not employed.*

Dr. Bodenhamer has been earnestly solicited, for some years past, by northern gentlemen, to locate in the north, where a wider and more remunerative field would be opened to his skill. He has at length determined to do so, and become a resident of New York, where he is expected to arrive during the present month.

*From Hall's Journal of Health, New York, June, 1854.*

It is announced that Dr. WM. BODENHAMER, formerly of Louisville, Kentucky, has become a citizen of New York. This gentleman has been distinguished for many years in the west and south-west, for the successful treatment of a class of diseases which are far more prevalent than most persons are aware of; to wit, Piles, Strictures, and Fistulas of all descriptions. Formerly, these ailments were cured by cauteries or the surgeon's knife—always painful and sometimes dangerous to life, besides not always efficacious. Many cases are reported in medical journals, where several operations have been necessary. Dr. B. does not employ the knife, nor does he use cauteries of any kind, but cures by a method detailed in his forthcoming work. (through the Messrs. Woods of this city,) and which, in most instances, does not confine the patient to his house, nor detain him from his ordinary business.

*From GEO. W. JOHNSON, of New Orleans, May 1, 1854.*

DEAR BROTHER—DR. BODENHAMER, under whose treatment I have already derived great benefit, and anticipate a perfect cure of my present, as well as past maladies, visits New York to establish himself professionally there.

Should any of your acquaintances be suffering from any disease of the lower intestines, as ulceration, piles, fistula, fissure, &c., you will confer a benefit upon them in commending them to the Doctor, whose skill and successful treatment has

restored to perfect and permanent health many persons with whom I am personally acquainted, and whose appreciation of the Doctor's merits are as warm as my own.

The Doctor will leave his card for me, as soon as he has selected a location. I trust to be on earlier with you than usual this summer, to follow up the benefit already derived.

Your affectionate brother,

GEO. W. JOHNSON.

BRADISH JOHNSON, Esq., New York.

*From Hall's Journal of Health, New York, September, 1854.*

W. BODENHAMER, M. D.—The Card of this gentleman will be found below. Having known the Doctor for a number of years, and the singular success attending his peculiar practice in the diseases named in his card, it affords us great pleasure to add our own testimony to that of the following, from the two leading journals of Louisville, Ky.

*From the Louisville Journal, May 30, 1854.*

Dr. W. Bodenhamer, a distinguished gentleman in his profession, from Louisville, Ky., has settled in our city, and has rooms at the St. Nicholas Hotel, Office, 37 Irving Place. Dr. B. is well known throughout the South and West for the successful and skillful treatment of diseases mentioned in his card.—New York National Democrat.

It seems from the notice above that Dr. BODENHAMER has established himself in the city of New York. We cannot commend him too strongly to the people of New York city, and of all that section of country. He has devoted about fifteen years in Louisville and New Orleans, to the treatment of the diseases named in his card, and we have always understood that, in the cure of these diseases, he is wholly without a rival anywhere. We know that he has treated not only hundreds but thousands of aggravated cases, and we are assured that, in every instance, he has succeeded in effecting a perfect cure, and that too without pain to the patient. He is a skillful physician, and one of the best of men.

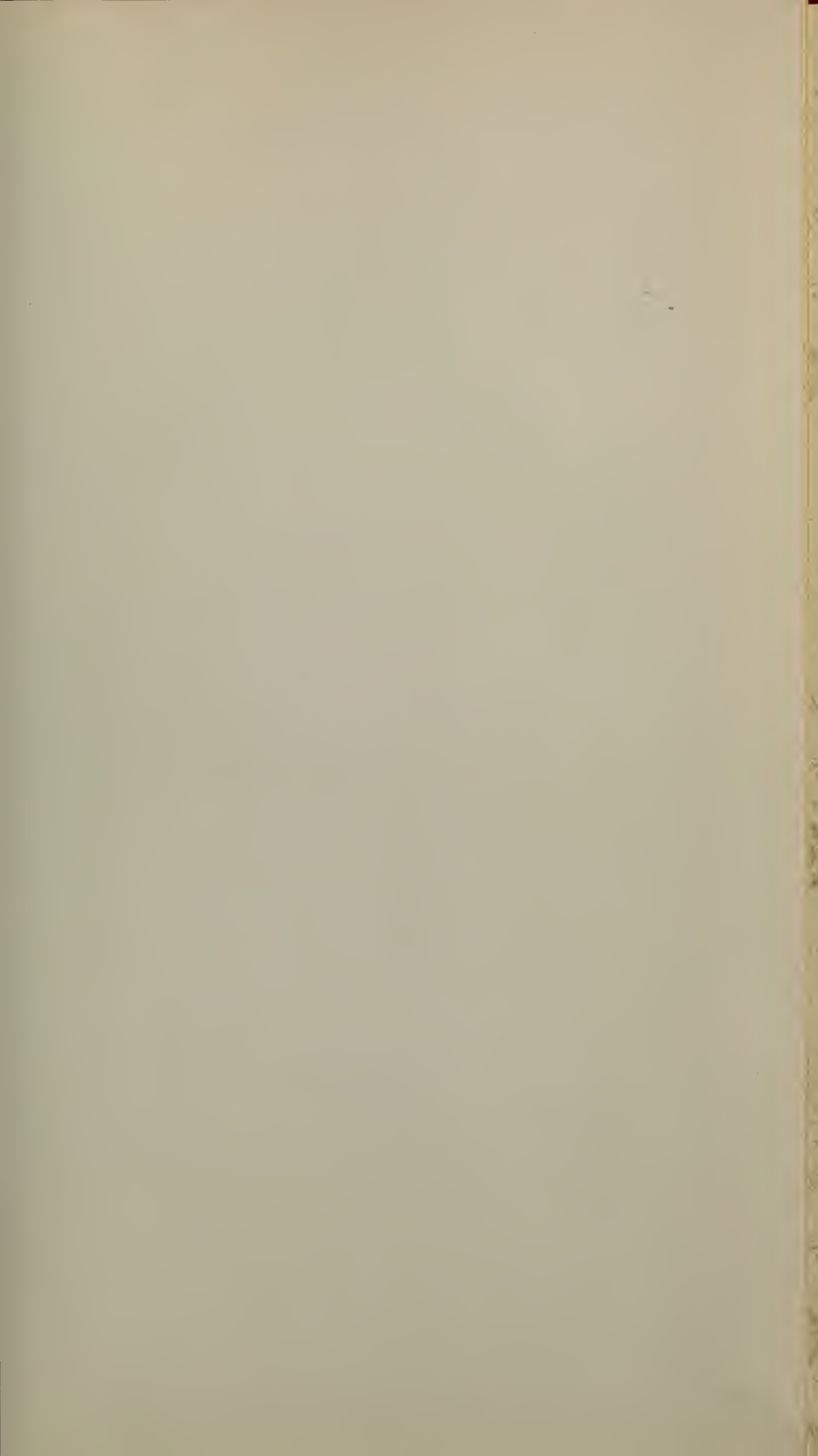
*From the Louisville Democrat, May 29, 1854.*

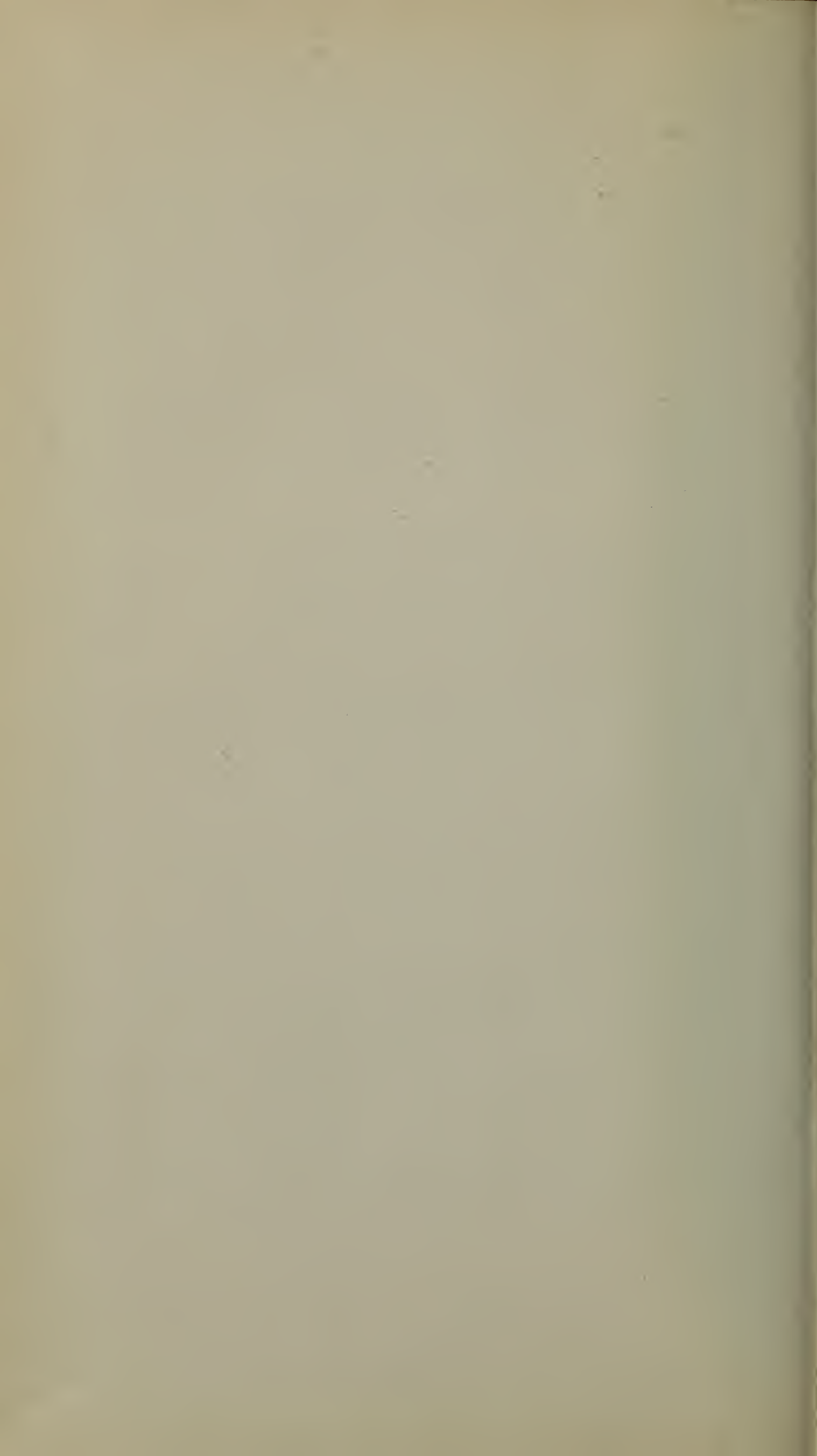
W. BODENHAMER, M.D.—By reference to the card of Dr. Bodenhamer it will be seen that he has adopted New York as his summer quarters, instead of Louisville as heretofore. He stands unrivalled in his practice. The most inveterate cases of fistula in ano, cases which have baffled the skill of the most eminent medical practitioners in the Union, yield, certainly and safely, to his treatment. Hundreds of patients who have heretofore sought him during the summer months in our city, and in the winter in New Orleans, must now during the warm season go to New York to avail themselves of his practice. Dr. Bodenhamer is a gentleman of the old school—too modest to make known the singular success of his treatment, and for years even to publish a card. We have yet to hear of a case in which he has failed. Our own experience and knowledge prompt us to this notice, and we sincerely regret that he has changed his summer quarters.

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